DHMH-18 Rev 1/89

	FOR STATE REGISTRAR	STATE OF M	ARYLAND / DEPAI CERTIF	RTMENT O	F HEALTH	AND N	MENTAL HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last) Zola V	iolet	Voelker				2. DATE OF DEATH	21,19911	3. TIME OF DEATH		
Œ	4. SOCIAL SECURITY NUMBER 235 34 3587 9a. FACILITY NAME (If not institution, give :	1 M 2 F	8. AGE (In yrs. last birthday) 66 YRS.	9b. CITY, TO	WN OR LOCATION	MIN.	7. DATE OF BIRTH (Month, Day, Year) October 17	9c. COUNTY OF	est Virginia		
DIRECTOR	905 Virginia Aver		100 CI	Es:				Baltimore County			
	Maryland Balt	Baltimore County Esse							10d, INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	905 Virginia Aver		101. ZIP CODE	1221		10g. CITIZEN OF WHAT COUNTRY?					
B≺	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	1 Never Married 2 Married FORCES? 1 YES 2 NO				OF HISPANI n, Maxican Specify:	C ORIGIN? (Specify Year, Puerto Ricer, etc.)				
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elamentary/Secondary (0-12)	USUAL OCCU work done during se retired.)	PATION T most of workin	99	18b. KIND OF BUS	SINESS/INDUSTRY					
BE CON	17. FATHER'S NAME (First, Middle, Last) William		Zo.	E (First, Middle, Maiden	sumame)						
T0	19a. INFORMANT'S NAME (Type/Print) Karen Haupt (daughter) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 905 Virginia Avenue Baltimore, Maryland 21221										
	A METHOD OF DISPOSITION Burlal 2 Cremation 3 Removal from Stata 20b. PLACE AND DATE 20c. LOCATION - City or Town, Stata Control City of Town, City										
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	ili	Bruz	and address	i Fu	neral Home	P.A.	land 21221		
CERTIFICATION	23 PART Enter the diseases, or ehock, or heart feliure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (C	DR AS A CONSEQUENCE O	P):	mode of dyl		as cardlec or respli		Approximata Interval Between Oneet end Deeth I I routh		
MEDICAL	PART II. Other eignificent condition	s contributing to d	eath but not resulting	In the under	ying ceuse g	liven in P	24a. WAS AN PERFORI	MED?	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:										
HAYSI	1 YES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 I E		E OF 280	INJURY AT		Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCURED			
ED BY P	Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined	26a. PLACE OF building, at	NJURY — At home, larm,		WORK? YES 2] NO	281. LOCATION (Street a City or Town, State)		Paute Number,		
COMPLET	29a. CERTIFIER (Check only	CIAN: To the best of m	y knowledge, deeth occurr	ed at the time,	data and placa,	and dua to	o the cause(a) and man	ner as stated.			
BE	296. INDIATURE AND TITLE OF CERTIFIER		nination and/or investigation	n, in my opini		NSE NUME		29d. DATE SIGNED			
10	30. NAME AND ADDRESS OF PERSON WH	HN pe	D 560		ch R	Av	er Br	WD 1	Balto, M		
	31. DATE FILED (Month, Day, Year) NOV 2 2 1991	32. AEGISTRAR		- (21	239		

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Oept. of Health and Mental Hygiene prior to buriat, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitied at once. BALTIMORE, MARYLAND 21215-0020 TO RE COMPLETED BY DHYCACIAN: MEDICAL CEDTIFICATION DIV

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA	L HYGIENE 9	-	32	20	0	6
CERTIFICATE OF DEATH	REG NO					

_	REGISTRAN	CERTIF	CALE	F DEATH		REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) Made Lin-	e . O. u	linsto	n	2. DATE MONT	OF DEATH DAY	17 EAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 238-26-5106 1 □ M 2 ☒ F	6. AGE (In yrs, last birthday) 79 YRS.	IF UNDER 1 YEAR		7. DATE (Mont)	OF BIRTH h, Day, Year)	8. BIRT Coun	HPLACE (State or Foreign
NOR	Sinai Huspital Sinai Huspital		96. CITY, TOW Ball	N OR LOCATION OF E	DEATH		9c. COUNTY OF	DEATH
5	10a. STATE 10b. COUNTY							
DIRECTOR	Md 108. COUNTY	B B	7 (town on Lo	CATION				10d. INSIDE CITY LIMITS? 1 YES 2 NO
4	10. STREET AND NUMBER	1		10f. ZIP CODE	1		10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT	FUE EVER IN U.S. ARMED	10, 40, 0	2/2/5			4	1.5.A
R	1 Never Married 2 Married FORCES? 1 IF YES, GIVE WA	YES 2 NO	If yea,	specify Cuban, Maxic ES 2 NO Speci	an, Puerto I	rr (Specify Yea or Rican, atc.)	r No— 14. RAC Blac Spec	ck, White, atc.
3	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18a. DECEDENT'S	USUAL OCCUPA	TION	16b	. KIND OF BUSIN	IESS/INDUSTRY	
COMPLE	Elementary/Secondary (0-12) College (1-4 or 5+)	iife. Do NOT us	rork done during e retired.) Mest					
2	17. FATHER'S NAME (First, Middle, Last)		11001					
מו	Isaac Long			Gary	AME (First, I	Middle, Maiden Sui		
	19a. INEORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street	at and Number or Rural	Route Numb	ber, City or Town,	State, Zip Code)	713
	20a. METHOD OF DISPOSITION	20b. PLACE AND DATE O	F DISPOSITION	Name of	HUE	E 20c, LOCAT	TION — City or Ti	2/2/5
	1 M Burlal 2 Cremation 3 Ramoval from Stata 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIGENSEE	Browns,	rille (em	11-2		Tames (ity N. C.
	Pala Mala	//	Mar.	AND ADDRESS OF F	Wes	thack	h .	
-1	23. PART I. Enter the disesses, or complications that			4300	We	ekasn	the	
NO	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially lies conditions b.	OR AS A CONSEQUENCE OF):					Approximate Interval Batwaen Onset and Daeth
	cause (Disaase or Injury	PR AS A CONSEQUENCE OF						
	PART II. Other significant conditions contributing to d	eath but not resulting in	n the undarly	na cause alven in	Part I	24a, WAS AN AU	TORRY 040	. WERE AUTOPSY FINDINGS
						PERFORME		AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 DIM
CIVIL	25. WAS CASE REFERRED TO MEDICAL							
2	EXAMINER? HOSPITAL:		OTHER:	PLACE OF DEATH (C)	eck only on	θ)		
2	X inpatrant 2 1			ome 5 🗆 Residenca	6 🗆 Other	(Specify)		
	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	JURY 28b. TIME Year) INJU	JRY \	YURY AT YORK? YES 2 NO	28d. DES	CRIBE HOW INJU	JRY OCCURED	
	3 Suicide 8 Could not be detarmined 28a. PLACE OF building, at	NJURY — Al home, farm, st c. (Specify)	treet, factory, of	lica	281. LOCA City of	ATION (Street and or Town, State)	Number or Rural I	Route Number,
	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of m MEDICAL EXAMINER: On the best of axes	y knowledge, daath occurre	d at the lime, do	ite and place, and due	to the cau	se(s) and manna	r as stated.	a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU				(Month, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH (ITEM 27) /Time	Print)				1/17	191
	TAMMY MOUSAS	Sinai	HOCE	ital				
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'	S SIGNATURE	1					
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DIVISION	

	FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF H		REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last, GARRY)	LIEE	INA	ATTS		DATE OF DEATH DAY	Ö	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 213 488423	1 X M 2 🗆 F	In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	ATE OF BIRTN Month, Dey, Year) 7-13-5	0 8	HATTIMORE (State or Foreign punitry)
CTOR	99. FACILITY NAME (If not institution, give	HOOHOU		Balti	MOLL (NO	boldo	of DEATH
DIRE	Mo. STATE 106. COUN	. /	170 10c. CITY	, TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS? 1 YES 2 \(\square\) NO
UNERAL	100. STREET AND NUMBER 707 BELR	Y STREET	. 8	10f	21311		10g. CITIZEN	OF WHAT COUNTRY?
BY FUI	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 PNO	If yes, sp	ENDENT OF NISPANIC Of ecity Cuben, Mexicen, Pu			RACE — American Indian, Black, White, atc. Specify: With 1 TE
LETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondery (0-12)	UCATION le completed) College (1-4 or 5+)	18e. DECEDENT'S (Give kind of w life. Do NOT use STORE	ork done during mo e retired.)		16b. KIND OF BUSH	NESS/INDUST	RY
E COMP	12TH 17. FATHER'S NAME (First, Middle, Linst) ARTHUR WATTS		STOKE	KEEF EK	18. MOTNER'S NAME (I		umame)	
TO BE	196. INFORMANT'S NAME (Type/Print) JULIA WATTS				mber, City or Town, State, Zip Code) IMORE, MD. 21211			
RTIFICATION	23. PART I. Enter the dieeeses, or shock, or heert fellure immediate cause (Fine) disease or condition resulting in death) Sequentielly liet conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted evente resulting in death) LAST	a Complications that cause on a pure to (or as a pue to (or a) pue to (o		A. AI 3818 oot enter the mo	NO ADDRESS OF FACILITY LAN SEITZ, ROLAND AVI Inde of dying, such as AVOCAROLA ARENEO A	JR. FUNE ENUE, BAL cardiac or respire	TO., Matory arrast,	D. 21211 Approximate Interval Between Onset and Deeth
: MEDICAL CE	PART II. Other eignificent condition	ons contributing to deeth b	out not resulting i	n the underlyin	g cause given in Pari	24a. WAS AN A PERFORM	AED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
PHYSICIAN: MET	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	patient 3 🗆 DOA	OTHER:	LACE OF DEATN (Check on 5 - Reeldence 8 -			
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	280. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. IN.	JURY AT N A 28	d. DESCRIBE NOW IN	JURY OCCUR	ED
TED	2 Accident Acciden	28e, PLACE OF INJURY	r — At home, farm,	Areat, tectory, office	281	LOCATION (Street ar City or Town, State)	Number out	Rural Route Number,
4PL	anol	SICIAN: To the best of my know						suse(e) end menner ee stated.
O BE CO	296. SIGNATURE AND TITLE OF CENTIF	Brown	M.D.		02599	5	29d. DATE SI	GNED (Month, Day, Year) - 21 - 91
F	30. NAME AND ADDRESS OF PERSON V	YNO COMPLETED CAUSE OF DE	WRIV	E; B,	ALTIMORE	Mp.	21;	211
	NOV 2 2 1991	37. RECHETRAR'S SIGN	MANURE					

for use as the burial-transit permit. Pages 1, 2, 3 should

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitled at once.
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PRI 4. SOCIAL S 2.7— 90. FACILIT WESIDER 10a. STATE MARY 100. STREET 11. MARITAL 1 Never 3 Widow 17. FATHER'S 180. INFORM PRIS 20a. METHO 1 Burlet 4 Donett 21. SIGNATU 23. PART IMMEDIAT	T AND T AND NUMBER 3939 ROLAND L STATUS Merried 2 Merried wed 4 Divorced 15. DECEDENT'S EDU (Specify only highest grade recy/Secondary (0-12) H S NAME (First, Middle, Last) DAVID MONT(MANT'S NAME (Type/Print) CTLLA M. NAC) DO OF DISPOSITION	AVENUE 12. WAS DECEDENT EV FORCES? 1 C IF YES, GIVE WAR C COMPleted) COTTON COMPleted) COMERY E	YES 27 OR DATES	10c. CITY B CECEDENT'S Control of with the first of with the control of the cont	9b. CITY, BALTT TOWN OR ALTTI	TOWN CONTROL TOWN	E 21211 ENDENT OF HIS ecify Cuban, Max 2 NO Spoon	MONO OF DEATH	E OF BIRTH with, Day, Year) 0 03 22 9c.	G. CITIZEI	Interpretation of the second o	d. INSIDE CITY LIMITS? YES 2 NO T COUNTRY?				
4. SOCIAL S 277— 90. FACILIT PESIDER 10a. STATE MARY 10a. STATE MARY 11. MARITAL 1 Never 3 Widow 17. FATHER'S 18. INFORM PRIS 20a. METHO 1 Burlel 4 Donett 21. SIGNATU 1 IMMEDIAT disease DI	SECURITY NUMBER 218-3282 Y NAME (If not institution, give s ON MEMORIAL, NCE OF DECEDENT 10b. COUNT LAND IT AND NUMBER 3939 ROLAND LSTATUS Merried 2 Merried wed 4 Divorced 15. DECEDENT'S EDU (Specify only highest grade recy/Secondary (0-12) H S NAME (First, Middle, Last) DAVID MONTO MANT'S NAME (Type/Print) CILLA M. NACI DO OF DISPOSITION	AVENUE 12. WAS DECEDENT EVENUE 12. WAS DECEDENT EVENUE 15. WAS DECEDENT EVENUE 16. WAS DECEDENT EVENUE 17. WAS DECEDENT EVENUE 18. WAS DECEDENT EVENUE 19. WAS DECEDENT EVENUE 10. WAS DECEDENT EVENUE 10. WAS DECEDENT EVENUE 10. WAS DECEDENT EVENUE 11. WAS DECEDENT EVENUE 12. WAS DECEDENT EVENUE 13. WAS DECEDENT EVENUE 14. WAS DECEDENT EVENUE 15. WAS DECEDENT EVENUE 16. WAS DECEDENT EVENUE 16. WAS DECEDENT EVENUE 17. WAS DECEDENT EVENUE 18. WAS DECEDENT EVENUE 19. WAS DECED	VER IN U.S. AF	TOC. CITY B TOC. C	9b. CITY, 9b. CITY, RATIT 13. We if 1 15. USUAL OCCUPATION of the direction of the di	TOWN CONTROL TOWN	DR LOCATION OF RECTTY FION E ZIP CODE 21211 ENDENT OF HIS ecity Cuban, May 2 NO Spi	PANIC ORIGINAL PURITY STATES	E OF BIRTH ith, Day, Year) 0 03 22 9c. IN? (Specify Yee or N. Ricen, atc.)	G. CITIZEI	BIRTHPLI Country) MARY Y OF DEAT	LAND H d. INSIDE CITY LIMITS? YES 2 NO T COUNTRY?				
PRISO 10. STREET 10. STREET 10. STREET 11. MARITAL 1 Never 3 Widow 12. FATHER'S 13. INFORM 14. Donett 23. PART 14. IMMEDIAT 15. IMMEDIAT 16. SIGNATU 23. PART 16. SIGNATU 17. FATHER'S 20. METHO 21. SIGNATU 23. PART	TAND	AVENUE 12. WAS DECEDENT EVENUE 12. WAS DECEDENT EVENUE 15. WAS DECEDENT EVENUE 16. WAS DECEDENT EVENUE 17. WAS DECEDENT EVENUE 18. WAS DECEDENT EVENUE 19. WAS DECEDENT EVENUE 10. WAS DECEDENT EVENUE 10. WAS DECEDENT EVENUE 10. WAS DECEDENT EVENUE 11. WAS DECEDENT EVENUE 12. WAS DECEDENT EVENUE 13. WAS DECEDENT EVENUE 14. WAS DECEDENT EVENUE 15. WAS DECEDENT EVENUE 16. WAS DECEDENT EVENUE 16. WAS DECEDENT EVENUE 17. WAS DECEDENT EVENUE 18. WAS DECEDENT EVENUE 19. WAS DECED	VER IN U.S. AF	10c. CITY B CECEDENT'S Control of with the first of with the control of the cont	9b. CITY, 9b. CITY, RATIT 13. We if 1 15. USUAL OCCUPATION of the direction of the di	TOWN CONTROL TOWN	DR LOCATION OF RECTTY FION E ZIP CODE 21211 ENDENT OF HIS ecity Cuban, May 2 NO Spi	PANIC ORIGINAL PUBLIC PRINCE ORIGINAL PUBLIC PRINCE ORIGINAL PUBLIC PUBL	IN? (Specify Yee or N Ricen, atc.)	COUNTY	MARY OF DEAT 100 1 (1 (N OF WHAN USA RACE — Black, W Specify:	LAND H d. INSIDE CITY LIMITS? YES 2 NO T COUNTRY? Amaricen Indian, hita, etc.				
99. FACILIT HESIDER 10a. STATE MARY 10a. STREET 11. MARITAL 1 Never 3 Widow 17. FATHER'S 17. FATHER'S 18. INFORM 19. Donett 11. MARITAL 1 Never 12. SIGNATU 11. MARITAL 1 Never 12. SIGNATU 12. SIGNATU 14. Donett 15. SIGNATU 16. SIGNATU 16. SIGNATU 17. FATHER'S 18. INFORM 18. INFOR	V NAME (If not institution, give s ON MEMORIAT, NCE OF DECEDENT 10b. COUNT ILAND T AND NUMBER 3939 ROLAND L STATUS Merried 2 Merried wed 4 Divorced 15. DECEDENT'S EDU (Specify only highest grade tery/Secondary (0-12) H S NAME (First, Middle, Last) DAVID MONT(MANT'S NAME (Type/Print) CILLA M. NAC) DO OF DISPOSITION	AVENUE 12. WAS DECEDENT EV FORCES? 1 1 15 FYES, GIVE WAR C CATION completed) College (1-4 or 5+) GOMERY	/ER IN U.S. AF YES 20 DR DATES 180. DE	10c. CITY B RAMED NO ECEDENT'S C Since kind of was NO DO NOT use	BATTTI TOWN OR ALTTI 13. We lift 1 (15. USUAL OCCOPY done due retired.)	TMO	TION E ZIP CODE 21211 ENDENT OF HIS ecity Cuban, May 2 NO Spo	PANIC ORIGINAL PRINTERS OF THE PARIC ORIGINAL PRINTERS OF THE PARIC OF	9c. 10q IN? (Specify Yee or N Ricen, atc.)). CITIZEI	100 1 (IN OF WHAT USA Black, W Specify:	d. INSIDE CITY LIMITS? YES 2 NO T COUNTRY? Amarican Indian, hita, etc.				
HOUSE TO STREET	I NCE OF DECEDENT 10b. COUNT LAND T AND NUMBER 3939 ROLAND L STATUS Merried 2 Merried wed 4 Divorced 15. DECEDENT'S EDU (Specify only highest grade tery/Secondary (0-12) H S NAME (First, Middle, Last) DAVID MONTO MANT'S NAME (Type/Print) CTLLA M. NACI DO OF DISPOSITION	AVENUE 12. WAS DECEDENT EV FORCES? 1 C IF YES, GIVE WAR C CATION completed) COIlege (1-4 or 5+) GOMERY	YES 27 OR DATES	10c. CITY B RAMED NO Secretary is a constant of the skind of we a constant of the skind of the s	BATTTI TOWN OR ALTTI 13. We lift 1 (15. USUAL OCCOPY done due retired.)	TMO	TION E ZIP CODE 21211 ENDENT OF HIS ecity Cuban, May 2 NO Spo	PANIC ORIGINAL PROPERTY:	IN? (Specify Yee or N Ricen, atc.)). CITIZEI	100 1 (IN OF WHAT USA). RACE — Black, W	d. INSIDE CITY LIMITS? YES 2 NO T COUNTRY? Amarican Indian, hita, etc.				
10e. STREET 11. MARITAL 1 Never 3 Widow 15e. INFORM PRIS 20e. METHO 1 Burlel 4 Doneth 21. SIGNATU 1MMEDIAT IMMEDIAT disease Di	ILAND T AND NUMBER 3939 ROLAND L STATUS Merried 2 Merried wed 4 Divorced 15. DECEDENT'S EDU (Specify only highest grade tery/Secondary (0-12) H S NAME (First, Middle, Last) DAVID MONT(MANT'S NAME (Type/Print) CILLA M. NAC) DO OF DISPOSITION	AVENUE 12. WAS DECEDENT EVENUES: 12. THE STATE OF THE ST	YES 27 OR DATES	10c. CITY B RAMED NO Secretary is a constant of the skind of we a constant of the skind of the s	13. Wiff 1 SUBJUSTICE OF STREET	MOR 101. 101. AS DECLY YES CUPATIO	E 21211 ENDENT OF HIS COURT CUBBE, MB)	PANIC ORIG clean, Puarte setty:	IN? (Specify Yee or N Ricen, atc.)	0- 14	USA RACE — Black, W Specify:	YES 2 NO T COUNTRY? American Indian, hita, etc.				
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PRISO 20. METHO 1 Burlel 4 Doneth 21. SIGNATU 23. PART IMMEDIAT disease of	DAVID MONTO MANT'S NAME (Type/Print) CILLA M. NACI	E					INSPECTOR									
PRISC 20a METHO 1 Dauriel 4 Donett 21. SIGNATU 23. PART	MANT'S NAME (Type/Print) CILLA M. NAC	E					18. MOTHER'S NAME (First, Middle, Maiden Surname)									
PRISI 20a. METHO 1 Burlel 4 Donetl 21. SIGNATU 23. PART IMMEDIAT disease DI	CILLA M. NACI			DAVID MONTGOMERY 180. INFORMANT'S NAME (Type/Print) 190. MAILING ADI						UNKNOWN SS (Street and Number or Rural Route Number, City or Town, State, Zlp Code)						
20a. METHO 1	OD OF DISPOSITION		PRISCILLA M. NACE 7505 DURWOOD ROAD, BALTO.								,					
21. SIGNATU 23. PART IMMEDIAT disease Di	2 Cremation 3 Rem	20s. METHOD OF DISPOSITION														
21. SIGNATU 23. PART IMMEDIAT disease Di	4 □ Donetion 3 □ Removal from State cemetery, cramatory or other place) GREEN MOUNT CEMETERY 11/23/9															
IMMEDIAT	JRE OF FUNERAL SERVICE LIC		GREE	IN PIOU		_	I ERI I		91 BALI	LMUR	E, M	ARYLAND				
IMMEDIAT	A. ALAN SEITZ, JR. FUNERAL HOME 3818 ROLAND AVENUE, BALTO., MD. 21211										21211					
disease Di	I. Enter the diseases, or cashock, or heart failure.	complications that car	used the de	ath. Do no	t enter ti	he mod	de of dying, a	uch aa ca	rdiac or reapirator	y arreal	t,	Approximate				
	TE CAUSE (Final								1		-	Interval Betwee Onset and Dest				
	r condition in death)	· Breast CANCER with diffuse Metastasis														
		DUE TO (OR AS A CONSEQUENCE OF):														
Sequentia	ily list conditions,	b														
if sny, lead	ding to immediate	DUE TO (OR AS A CONSEQUENCE OF):														
Sequential if sny, lead csuse. Ent CAUSE (Di that initiat reaulting i	isease or injury	C. DUE TO (OR AS A CONSEQUENCE OF):														
reaulting i	reaulting in death) LAST															
O PART II O	ther significant condition	a contribution to des	Ab box and	141												
CAL	Other algnificant condition	s contributing to dear	th but not r	resulting in	the unde	erlying	cause given	in Part I.	24a. WAS AN AUTO PERFORMED?			RE AUTOPSY FINDINGS ILABLE PRIOR TO				
									1 TYES 2 PN	0		MPLETION OF CAUSE DEATH?				
×											1 [YES 2 NO				
Z 25. WAS CAS	SE REFERRED TO MEDICAL					00 51	105 of 051511	01								
PART II. 0 WY 25. WAS CAS EXAMINIT 1 YES 27. MANDER	ER? S 2 NO	HOSPITAL:	Outpotient 2		OTHER:		ACE OF DEATH									
Z7. MANNER		28a. DATE OF INJU	JRY	28b. TIME	-	8c. INJU	5 Residenc	-	er (Specify) SCRIBE HOW INJUR	/ OCCUP	En					
> 1 1 11010		(Month, Day, Ye	ear)	INJU		WOF	RK? ES 2 NO									
	TOTAL	28s. PLACE OF INJ	JURY — At ho	me, ferm, at	reat, factory	y, office		28f. LO	CATION (Street and No	imber or I	Rural Route	Number,				
4 Hom		- building, etc. ((Spoony)					City	or Town, State)							
29a. CERTIFII (Check or one)	29a. CERTIFIER (Check only) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, date end place, end due to the cause(s) and menner as stated.									stated						

29b. III OF CERTIFIER 29d. DATE SIGNED/(Month, Day, Year) 29c. LICENSE NUMBER House officer

Gonzalo

Was b Conzalez 201 E. Univ. P 201 E. Univ. PKWay BAH. MD

31. DATE FILED (Month of NOW2 2 2 32. REGISTRAR'S SIGNATURE. 1991

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The second secon

	1 - STATE REGISTRAR	OIAIL OI IIIA	C	ERTIF		OF DEA		MENI	REG. NO					
-	1. DECEDENT'S NAME (First, Middle, Last)				HERT	0. 02/			E OF DEATH			3. TIME OF DE	ATH	
	Evelyn Da	avis		Eche				MON 1 1		18 19	YEAR	2:50	р м	
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. fa:		IF UNDER 1 Y	EAR IF UNDE	R 24 HRS.	7. DAT	E OF BIRTH	0 1	//!	HPLACE (State or	- 4	
	240 28 4630	1 M 2 X F	L7	YRS.	MONTHS D	AYS HOURS	MIN.	(Moi	nth, Day, Year)	uce	Count	m) Cag	1.	
	9a. FACILITY NAME (If not institution, give str	set and number)			9b. CITY, TO	OWN OR LOCAT	ION OF D	DEATH	6 / 1	9c. COL	INTY OF I	DEATH	SHUF	
OR	230 Aster Lane				Forms	st Hi	1 1			.,,	6			
DIRECTOR	RESIDENCE OF DECEDENT								Інат	rfor	'd			
IR.	10a. STATE 10b. COUNTY	and the same of th		10c. CIT	Y, TOWN OR I	OCATION						10d. INSIDE CI LIMITS?	TY	
	THRATOO THE	MAREO MAINTON			ORIS	1 14,1	1					1 TYES 2	S.NO	
FUNERAL	10e. STREET AND NUMBER	1) 2 C STEEL AND NUMBER				101. ZIP COI	DE			10g. CIT	IZEN OF	WHAT COUNTRY	?	
N	230 H315R LA	STATUS 12. WAS DECEDENT EVER IN U.S.					31050			V			· S.A.	
F	11. MARITAL STATUS 1 Never Married 2 Married	YES 2		t3. WAS	DECENDENT	OF HISPA	NIC ORIG	IN? (Specify Ye	a or No-	14. RAC Blac	E — American In k, Whita, atc.	dlan,		
ВУ	3X Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES			YES 23 NO					Spec			
8	15. DECEDENT'S EDUCA	ATION	t6a, DE	CEDENT'S	USUAL OCCU	IPATION		16	b. KIND OF BU	ICINECC/IN	U	12115		
	(Specify only highest grade of Elementary/Secondary (0-12)	(G						SERRY	HALL	416	H SCHO	101		
립	12485.	College (1-4 or 5 +)	5	SAR	STAF	10:5		1	30120	0	R.	000 05	20.	
COMPL	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Sumame)									MRU OF	20.			
BE C	OTHO DAVIS DAISSY FERGUSON:								7 5	TSISOS				
	19e. INFORMANT'S NAME (Type/Prigit) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									IDV200	2017			
2	FAMILY RECORDS SAME AS ABOVE													
	20a, METHOD OF DISPOSITION 1X Burlal 2 Cremation 3 Ramon	14	20b. PLACE	AND DATE	OF DISPOSITIO	N (Name of	7 ,	DA	TE 20c, LC	OCATION —	City or To	own, Stata		
	4 Donation 5 Other (Specify)	al from State	pegnatary, cre	matory or o	ther place.	SIER	V	111-	334 0	acku	2113	00		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY - DEMORISS EVANS CHARLES OF FACILITY - DEMORISS													
	Wash of Roam A 8800 HARFORD ROAD - PARKYINS													
	23. PART I. Enter the disasses, or co		aused the de	ath Do	ant enter the	IT CO	177			1	ARN	Approxi		
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OF	R AS A CONSE	OUENCE O	F):	NO101	MSU	u M	019	sens	Υ		Batween nd Death	
E	that initiated events resulting in death) LAST	DUE TO (OF	R AS A CONSE	OUENCE O	F):									
EH I	d													
PHYSICIAN: MEDICAL CERT	PART II. Other significant conditions	contributing to da	eth but not r	asulting	in tha under	lying cause	given in		24a. WAS AN PERFOI	RMED?		. WERE AUTOPSY AVAILABLE PRIO COMPLETION DE OF DEATH?	R TO CAUSE	
AN	25. WAS CASE REFERRED TO MEDICAL				2	6. PLACE OF E	EATH (C)	reck only o	ne)					
Sic		HOSPITAL:	R/Outpatient 3	□ DOA	OTHER:	Home 5 X R								
H	27. MANNER OF DEATH	28a. DATE OF INJ	JURY	28b. TIM		: INJURY AT	sidenca		SCRIBE HOW	INJURY OC	CURED			
ВУР	t Pending 2 Accident Investigation	(Month, Day,	Year)	INJ	M t	WORK? YES 2	NO							
	2 Accident Investigation 3 Suicida 8 Could not be	ma, tarm,	street, factory,			281. LO	CATION (Street	and Number	or Rural F	Route Number.				
	4 Homicida detarmined	building, atc.	. (Specify)					City	or Town, State;)				
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI EXAMINER:	AN: To the best of my On the basis of exam	knowledge, da	eth occum	ed st the time, on, in my opini	data and place on, death occu	, and du	to the ca	use(a) and ma a and place, ar	nner aa stsi	ted, ne ceuse(s	i) and manner sa	stated.	
BE	2 GNATURE AND TITLE OF CERTIFIER		14.			29c. LIC	ENSE NU	MBER		29d. DAT	E SIGNED	(Month, Day, Year)	
0	receive which	0	vu			0.0	. М.	Ε.		111	19	1991		
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE O	OF DEATH (ITE	M 27) (Type,	Print)									
	MOSIMISMUS D.	www	1	11 P	enn S	treet	В	alt	imore	Mar	v1a	nd 212	01	
	NOV 2 2 1991	32 DEGISTRAR'S	SIGNATURE HONO							HEI				
	MUYER 1991	T 10 10 10 10 10 10 10 10 10 10 10 10 10												

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 17.2. 3 should IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

15

DHMH-16 Rev 1/89

YEAR

3. TIME OF DEATH

REG. NO 2. DATE OF DEATH DAY

STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1000

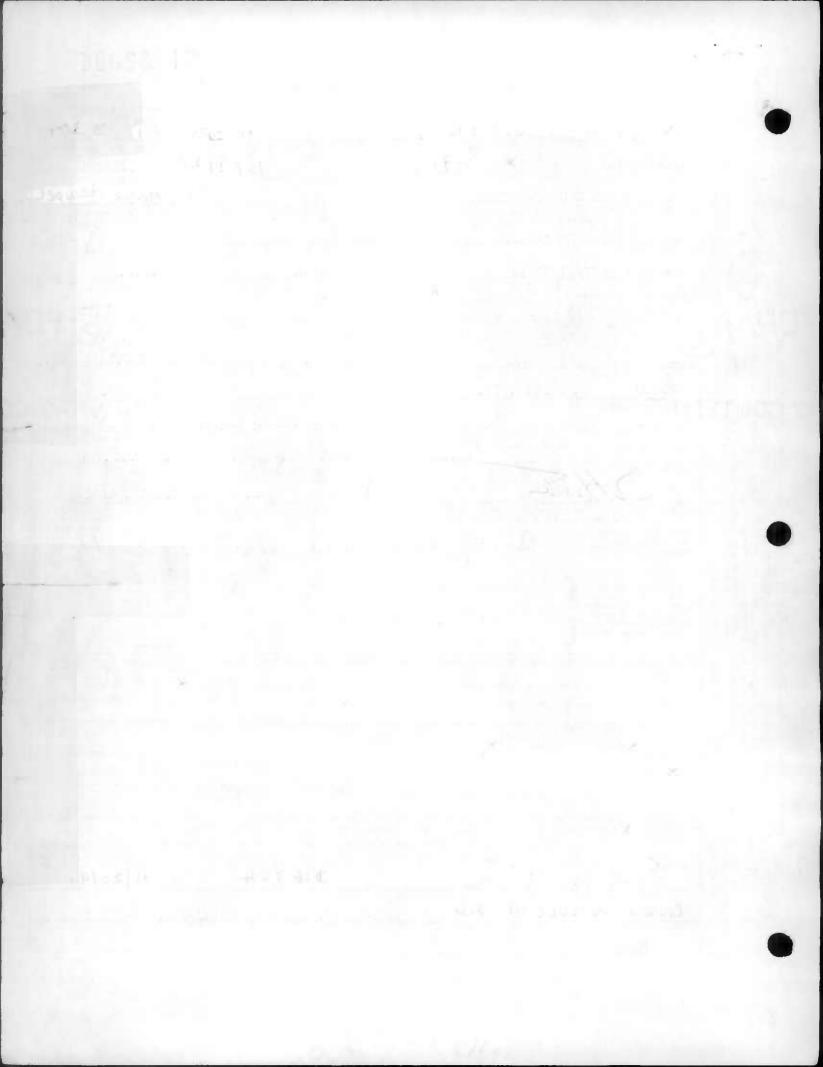
BOX 13146, P.O. OF VITAL RECORDS, MP The OR ATTENDING PHYSICIAN: DIVISION

3.30 PM VIRGINIA . THOMAS WEAVER 11 20 1991 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 F 214-12-8147 YRS. 10-09- 1920 MARYLAND permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR ANNE ARUNDEL COUNTY GENERAL ANNAPOLIS ANNE ARUNDEL RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY 10c CITY TOWN OR LOCATION 10d. INSIDE CITY MD ANNE ARUNDEL CROWNSVILLE 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 302 East Forrest Trail 21032 .A 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11 MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yee, specify Cuben, Mexican, Puerto Ricen, etc.) 1 X Never Merried 2 Merried 1 TYES 2 NO Specify Specify. BY 3 Widowed 4 Divorced WHITE 16e. DECEDENT'S USUAL OCCUPATION ED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Spe (Give kind of work done life. Do NOT use retired.) E Elementery/Secondery (0-12) College (1-4 or 5+) COMPL INSURANCE AGENT INDEPENDENT INSURANCE (). 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surnar Te. HERBERT L. WEAVER, SR. MYRTLE BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 DOROTHY WARD 302 EAST FORREST TRAIL Crownsville, MD 21032 pe 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town, State must 4 Donetion 5 Other (Specify) CEDAR HILL CEMETERY 11-23-91 BROOKLYN PARK, MD 21. SIGNATURE ORTHWERAL SERVICE LICENSE examiner 22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME Svatte 1 SECOND AVE. S.W. GLEN BURNIE, MD 21061 medicai 23. PART I. Enter the diseases, or complicatione that ceueed the deeth. Do not enter the mode of dying, euch as cardiec or respiratory arrest, shock, or haert failure. List only one ceuee on each line Interval Between 0 Oneet and Deeth IMMEDIATE CAUSE (Final disease or condition the Myocardia hou event, reaulting in death) to burial, traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury other 1 DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in deeth) LAST 0 Mental injury, PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceues given in Part I. 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE and shows any signed Health a 1 - YES 2 5 NO OF DEATH? 1 TYES 2 NO t, of h ICIAN: has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item EXAMINER? certificate OTHER: 1 YES 2 1 NO 1 ☐ Inpatient 2 ★ ER/Outpatient 3 ☐ DOA PHYSI ig Home 5 - Residence 6 - Other (Specify) 10 the 27. MANNER OF DEATH 26e. DATE OF INJURY 26c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 26b. TIME OF INJURY this c marked, 1 Natural 5 Pending М 1 YES 2 NO After t BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 60 ED 8 Could not be DIRECTOR: 4 Homicide 28 COMPLET ltem! 29e. CERTIFIER

(Chack only Certifying Physician: To the best of my knowledge, death occurred at the time, data end piece, end due to the ceuse(e) end menner se stated. THE HOSPITAL (
THE FUNERAL D 2 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(s) end menner es stated. MPORTANT 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 116354 W wis 20/91 2 2 3 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ENSER W. COLE III MD FRANKLIN ST. SUITE 20 ANNAPOLIS, MD 21401 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE NOV 2 2 DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



		-	-
d	Panac		. 10°44 1000,
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flows after death. Page 6 may be retained by the hospital or attending physician.	De filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR		CERTIF	ICATE	OF D	DEATH	REG.	NO.		
100	1. DECEDENT'S NAME (First, Middle, Last) JAMES	ADAMS	5	16	5		2. DATE OF DEATH	DAY	YEAR 91	1:00 p. M
	4. SOCIAL SECURITY NUMBER 5. S 212-12-0677 15	6. AGI	(In yrs. lest birthday) 8 1 YRS.	IF UNDER 1	_	F UNDER 24 HRS.	7. DATE OF BIRTH	3	Country)	LACE (State or Foreign
OR	99. FACILITY NAME (If not Institution, give street of Potomac Valley N		Home			LOCATION OF DE	ATN		UNTY OF DEA	
ECT	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. C/1	ry, town or	LOCATIO	N	100			tod. INSIDE CITY LIMITS?
D.		gomery	3.7	Ro		ille				YES 2 NO
FUNERAL DIRECTOR	50 Monroe Street				10f. Z	20350		10g. CITIZEN OF WHAT CO		
BY	1V Wayer Married 2 Married	WAS DECEDENT EVER FORCES? 1 _ YE IF YES, GIVE WAR OR	S 2 NO	H :	yes, speci					American Indian, Whita, atc.
COMPLETED	15. DECEDENT'S EOUCATIO (Specify only highest grade comp Elamentary/Secondary (0-12) Co		16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refired.)			16b, KIND OF	BUSINESS/IN	IDUSTRY		
OM	17. FATNER'S NAME (First, Middle, Last)			aborer 16. MOTHER'S NAME (First, Middle, Malden Sumame)						
BE C	Charles H. Ada	ms	Ella Handy							
10 8	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING AODRESS (Street and Number or Rural Route No.							
F	Louis Scott (Br		515 Bickford Ave., Roc							
	20s. METHOD OF DISPOSITION 12 Burlel 2 Cremetton 3 Ramoval from Stats 20b. PLACE AND DATE OF DISPOSITION (Nama of cemetary, crematory or other place) Lincoln Park Cemetery 11/6 Rockville									
	21, SIGNATURE OF FUNERAL SERVICE LICENSI	E Aus	wde	, S	NOW	DEN FUVILLE,	NERAL H	IOME,	P.A.	
CERTIFICATION	disease or condition resulting in death) Ischemic Cardiomyopathy DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):									
	d									
EDICAL	Stroke Chronic Obstr					cause given in	PE	S AN AUTOPS' RFORMED? ES ZXINO		WERE AUTOPSY FINDINGS AMAILABLE PRIDR TO COMPLETION OF CAUSE DF DEATH?
Σ.	CIITOITIC ODSCI	uctive	Build Dr.	scase	-					1 TYES 2 NO
PHYSICIAN:		OSPITAL:	utpatient 3 DOA	OTHER:	:	CE OF DEATN (Ch	eck only one) 8 Other (Specify	1		
	27. MANNER OF DEATH 1 Natural 5 Pending	26s. DATE OF INJUR (Month, Day, Yea	Y 28b. TII		28c, INJUS WORK	RY AT	26d. DESCRIBE H		CCURED	79.64
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28a. PLACE OF INJU building, stc. (S	, street, facto	ery, offics		28f. LOCATION (S City or Town,		ber or Rural Ac	oute Number,	
COMPLET	299. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN DEDICAL EXAMINER: O									and menner se stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	or Pla	tsy	U		29c, LICENSE NU D 385	89	29d. D.	CTOB	(Month, Day, Year) ER 29, 1991
	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF	9711	Med 1	cal	Center	Drive	Rack	ille, 1	1020850
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI	GNATURE Pand	482						

CONTRACTOR OF THE PROPERTY OF THE PERSON OF

HOSPITAL C FUNERAL D WIThin 72 ho TO THE HOSPITAL

TO THE FUNERAL I

be filed within 72 h

IMPORTANT: It ii

Myron L. Lenkin, M.D.

31. DATE FILED (Month, Day, Year) NOV 12 '91

As REGISTRAR'S SIGNATURE OF THE WAY AS A SIGNATURE OF THE SIGNATURE OF THE

	(E	
BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	L DIRECTOR: Atter this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 events after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	the medical examiner must be notitled at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	L DIRECTOR: Atter this certificate has been signed by the attending physician and completely filled in by the fu I hours atter death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitled at once.

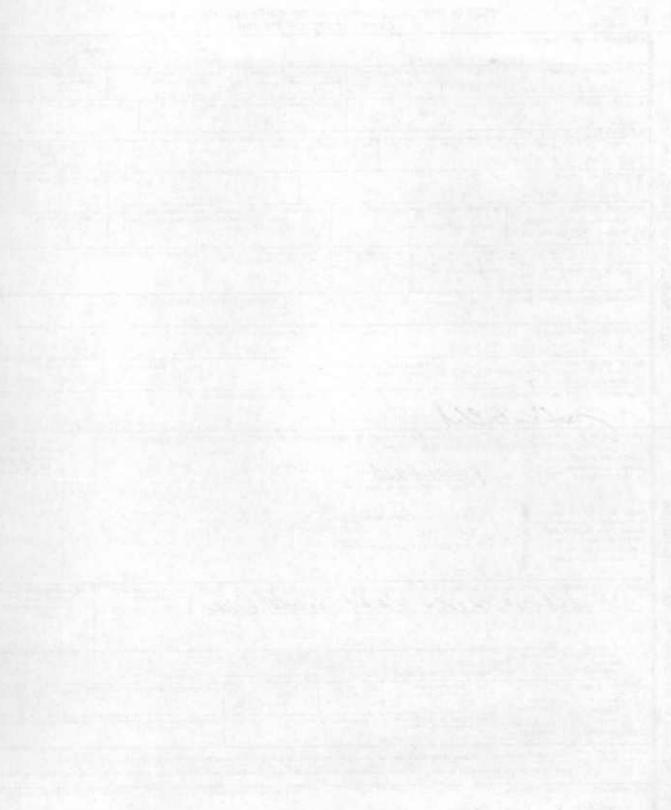
91 32008 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1991 Winona W. Abell November 6:00 PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign HOURS 1 M 2 X F 579-12-5470 71 YRS Jan. 12, 1920 Kentucky 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Holy Cross Hospital Silver Spring Montgomery RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Montgomery Rockville TY YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 1235 Potomac Valley Road 20850 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
If yes, specify Cuben, Mexicen, Puerto Ricen, etc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried BY 3 Widowed 4 X Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY Elementery/Secondery (0-12) College (1-4 or 5+) 12 Housewife Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Unavailable BE Unavailable 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Jean Marie Jones 6701 Democracy Blvd., #600, Bethesda, MD 20817 20e. METHOD OF DISPOSITION
1 □ Burlel 2 1 Cremetton 3 □ Removal from State
4 □ Donetton 5 □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State "Suburban" Crematory 11-7 Silver Spring, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Rapp Funeral Services, P. A. elli-B.Ch M00827 933 Gist Avenue, Silver Spring, MD 20910 23. PARTY. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. interval Between **IMMEDIATE CAUSE (Final** Onset and Daath disease or condition freemoule reaulting in death) OUE TO (OR AS A CONSEQUENCE OF) MEDICAL CERTIFICATION Sequentielly list conditiona, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I.

Underlying Schools Cardio Oa will Hillsy 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 - YES 2 X NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL:
1X Inputient 2 ER/Outputient 3 DOA OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 - YES 2 X NO 27. MANNER OF DEATH 28e. DATE OF INJURY 28b, TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED XX Natural 5 Pending Investigation M 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be COMPLETED 4 Homicide 29e. CERTIFIER 1 [X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end menner ee stated. 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the ceuse(e) end menner ee ateted. 296. SIGNATURE AND TITLE OF CERTIFIED 29c. LICENSE NUMBER 29d. OATE SIGNED (Month, Day, Year) BE Myron & delaka D06674 November 6, 1991 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

2309 Shorefield Road

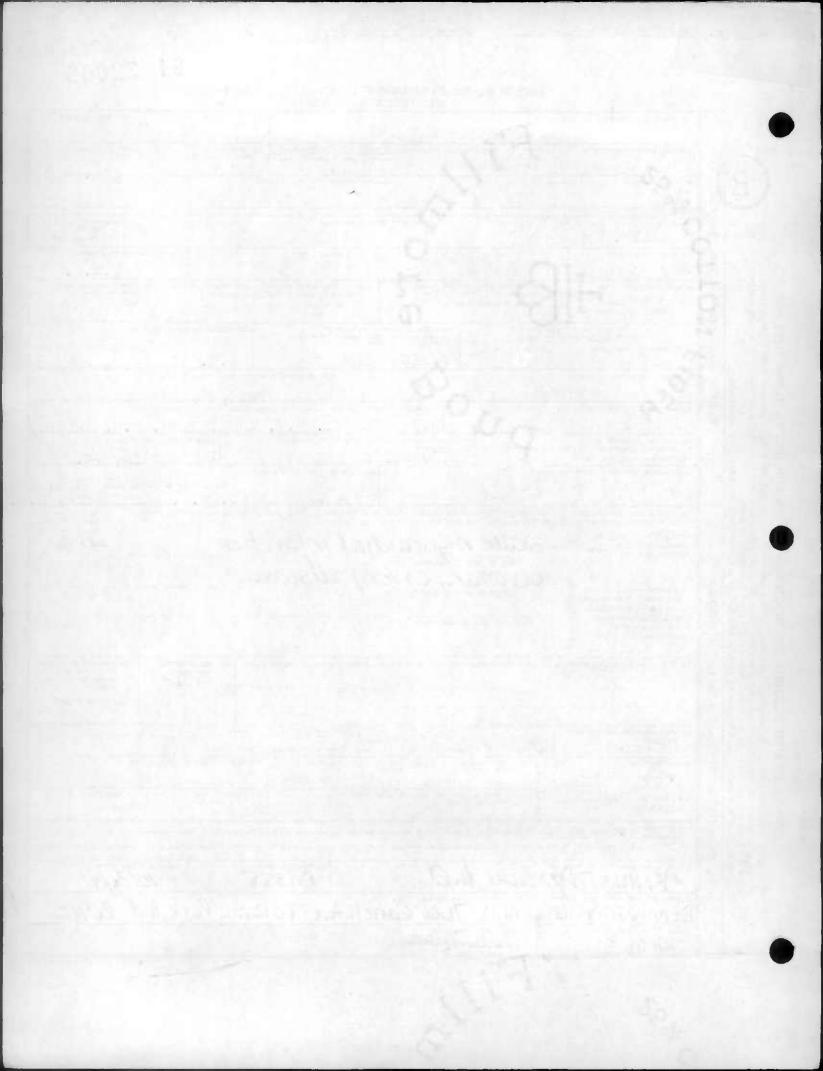
Wheaton, MD 20902

DHMH-18 Ray 1/89



soft with the street

	FOR STATE REGISTRAR	ATE OF MARYLAND / DEPAI CERTIF	RTMENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)	- 4 4 7 7 7 0 7 0	5.9		3. TIME OF DEATH				
(3D)	4. SOCIAL SECURITY NUMBER 5. SE 473 12 7481	6. AGE (In yrs. lest birthdey) M 2 F	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. 9b. CITY, TOWN OR LOCATION OF OR	(Month, Day, Year)	BIRTHPLACE (State or Foreign Country) ARK Y OF DEATH				
E PO	Washington Adver				ntgomery				
t. Page 1	CALIF a Montere	10e. Cr	CARMEL		10d. INSIDE CITY LIMITS? 1 YES 2 NO				
ysician. urial-transit permit. FUNERAL [100. STREET AND NUMBER Dolores & 5th	Street	101. ZIP CODE 939		U.S.A.				
0.5	1 News Married 2 Married FC	AS OECEOENT EVER IN U.S. ARMED DRCES? 1 YES 2 NO YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPAI If yes, specify Cuban, Mexica 1 YES 2 NO Specify	n, Puerto Rican, etc.)	No- 14. RACE — American Indian, Black, White, atc. Specify: White				
tal or attending for use as the LETED BY	15. DECEDENT'S EDUCATION (Specify only highest grade complete	(Give kind of life. Do NOT		16b. KIND OF BUSINESS/INOUS	STRY				
by the hospital be detached for at once.	17. FATHER'S NAME (First, Middle, Last)	2 OFFIC	18. MOTHER'S NA	ME (First, Middle, Malden Surname)					
5 should TO BE	Walter Allen 190. INFORMANT'S NAME (Type/Print) ROBERT TOURANGEA		G ADDRESS (Street and Number or Rural ASPEN ST. N.W.	Route Number, City or Town, State, Zip C					
ter death. Page 6 may be the funeral director, page yval.	20a. METHOD ON DISPOSITION 1 Gurlal 2 Cremation 3 Removal fro 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	20b. PLACE OF DISPO	DITTON (Name of comotory, cremetory or LITAN CREMATOR 22. NAME AND ADDRESS OF FA	20c. LOCATION — CH	ry or Town, Stata RIA, VA. NERAL HOME,				
within 4-, ibut's an applicately filled in by cremation, or removent, the medicately.	23. PART I. Enter the diseases, or compil shock, or heart fellure. List or IMMEDIATE CAUSE (Final disease or condition resulting in death)	nly one cause on each line.	ndial intar		Approximete Intervel Betwee Onset and Dea				
n certificate be executed by the prior to but of the traumatite or other traumatite ERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE	OF): /	se					
en signed by the of Health and Me hows any injur	PART II. Other significent conditions con	tributing to death but not resulting	In the underlying cause given in	Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDING ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
C 8 8 5	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1	9户ITAL: Inputient 2 □ ER/Outpetient 3 □ DOA	26. PLACE OF DEATH (CA						
this with	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	IME OF SEC. INJURY AT WORK? M 1 YES 2 NO	28d, OEȘCRIBE HOW INJURY OCCI					
R ATTENDI RECTOR: A urs after d m 28 is	4 Homicide determined	28e. PLACE OF INJURY — At home, farm building, etc. (Specify)	, street, factory, office	281. LOCATION (Street and Number of City or Town, State)	or Rural Route Number,				
MP = 25 F	one) 2 MEDICAL EXAMINER: On	To the best of my knowledge, death occurs the basis of examination and/or investigs	tion, in my opinion, death occured at th	e time, data and place, and due to the	cause(a) and manner as stated.				
TO THE HOSPI TO THE FUNE De filed within IMPORTANT:	296. SIGNATURE AND TITLE OF CERTIFIER DISSE SIGNATURE AND TITLE OF CERTIFIER DISSE SIGNATURE AND TITLE OF CERTIFIER 10/30/9/								
6	Dennis Ti Donahu 31. DATE FILED (MONTH, Day, Your)	8 M.D. 7600 C	arroll Ave Ta	Roma Park, N	rd 20912				
	NOV 06 '91 9	32. REGISTRAR'S SIGNATURE							



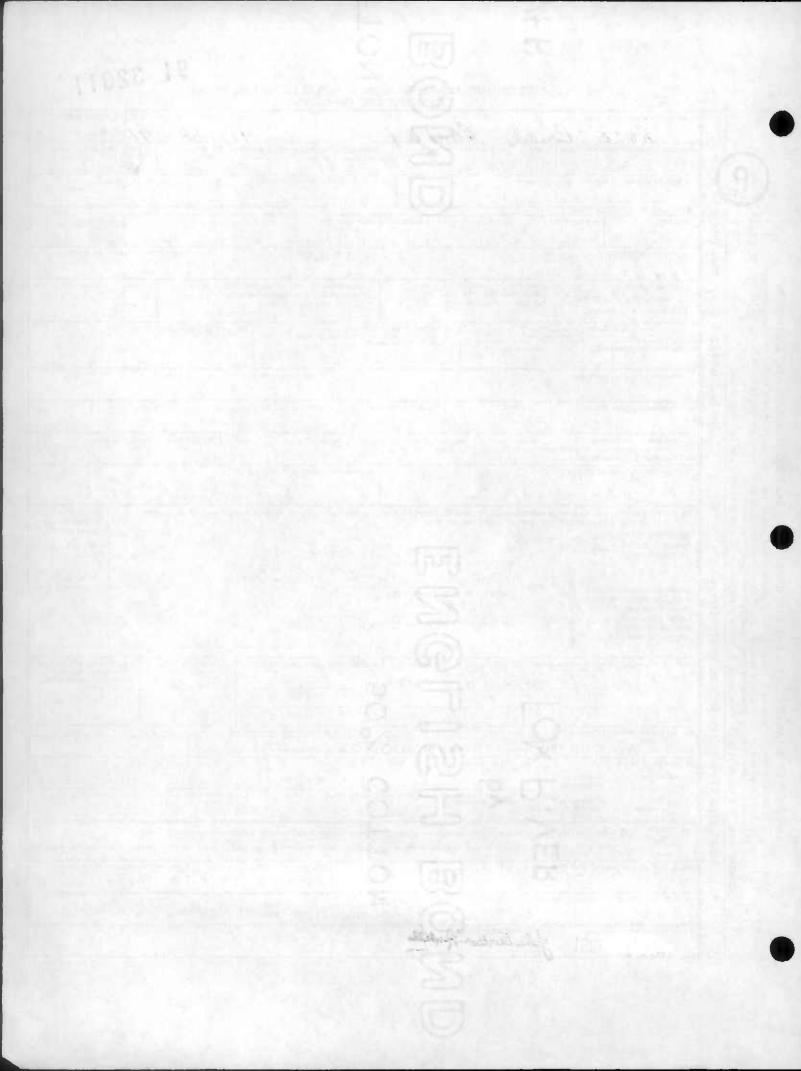
-	1	110	1	1
lu		shou		43 0
* To To	Pysas	 	NO.	TO
BALTIMORE, MARYLAND 21215-0020	4 nours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1 on, or removal.	ne medical examiner must be notitled at once.	TO BE COMPLETED BY FINERAL DIRECTORS
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2: 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notitied at once.	O RE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICHE

	1 - STATE REGISTRAR	SINIL OF I	CE	RTIF			DEATH		MENIA	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATN			3. TIME OF DEATH	
	Henri	Claude		В	Barth	olom	ot		MONTH	4	DAY	YEAR 9/	7010	М
	4. SOCIAL SECURITY NUMBER 578-40-2030	5. SEX 1XXM 2 ☐ F	6. AGE (In yrs. lest i	birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24	HRS.	7. DATE (Month Sept	OF BIRTN	1921	Countr	PLACE (State or Fore	ilgn
V 6 1	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY,	TOWN O	R LOCATION	OF DE	ATH		9c. COUNTY OF DEATN			_
DIRECTORS	Suburban Hospit	al				Bet	hesda	1			Мо	ntgo	mery	
EC	10s. STATE 10b. COUNTY	'		10c. CIT	Y, TOWN O	R LOCAT	ION		10				10d. INSIDE CITY	
10	Maryland Montg	omery		Bethesda							LIMITS?	10		
AL	10e. STREET AND NUMBER					10f.	ZIP CODE				10g. CIT	ZEN OF Y	VHAT COUNTRY?	
EB	8624 Hempstead A	venue					208	317				F	rance	
FUNERAL	11. MARITAL STATUS 1 Never Merried Narried	FORCES? 1	TEVER IN U.S. ARM	YES 2 XXO If yes, specify Cubsn, Maxican, Puerto Rican, atc.						Yas or No - 14. RACE - American Indian,			1,	
ВУ	3 Widowed 4 Divorced						27.51						White	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5-5+	+) (Give	e kind of Do NOT u	work done of se retired.)	during mos	st of working		18b	KIND OF BU	Educ		on	
Ö	17. FATHER'S NAME (First, Middle, Last)						18. MOTNE	R'S NA	ME (First, I	Middle, Melde	n Surneme)			
BE (Joseph	Claude		Bart	holo	mot		Hen	riet	te		Not	availabl	e
TO E	19a. INFORMANT'S NAME (Type/Print)												3 0003-	
F	19a. INFORMANT'S NAME (Type/Print) Genevieve L. Bartholomot 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 8624 Hempstead Avenue, Bethesda, Maryland 20817													
	20s. METNOD OF DISPOSITION 1 Burisl 2 X Tremstlon 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 11/6 /9) 20c. LOCATION - City or Town, State Camplety, Grematory of other rights of 11/6 /9) 20c. LOCATION - City or Town, State Camplety, Grematory of Other (Specify) Bethesda, Maryland													
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE ROBert A. Pumphrey Funeral Home Robert A. Pumphrey Funeral Home Bethesda-Chevy Chase, Inc., 7557 Wisconsin Avenue, Bethesda, Maryland, 20814-3501													
-	23. PART I. Enter the diseases, pr	amalla atlanta dh	-										14-3501 Approximat	
NC	ehock, pr heert failure. List pniy ona ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in daeth) DUE TO (OR AS A COMPAQUENCE OF):												Interval Bet Oneat end (
CERTIFICATION	If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease Dr injury thet initieted events resulting in deeth) LAST	с	O (OR AS A CONSEOU											
DICAL C	PART II. Other eignificant condition	s contributing to	deeth but not re		In the un	-	cauee giv	ven in i	Part I.	24a. WAS A PERFO	N AUTOPSY PRMED?	246	WERE AUTOPSY FINE AVAILABLE PRIOR TO COMPLETION OF CA	0
ME	MALNUT	Kin	ON,	P	EN	AZ				1 TYES	2 X M 10		OF DEATH?	
ä	-AILUR	E												
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	NOSPITAL:			OTHER		ACE OF DEA	ATH (Che	ock only or	16)				
PHYSICIAN:	1 TYES 2 X-X-NO	-	ER/Outpetlant 3		4 🗆 Nun	sing Nome	o 5 🗆 Rasi	Idence						
ВУ РН	27. MANNER OF DEATN 28s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 1 YES 2 NO 28d. DESCRIBE HOW INJURY 1 YES 2 NO								INJURY OC	CURED				
G	3 Suicida 6 Could not be 4 Nomicide determined	28s. PŁACE (building	OF INJURY — At hom, etc. (Specify)	ne, farm,	atract, fact	ory, office			281. LOC City	ATION (Street or Town, State	and Number	or Rural I	Route Number,	
COMPLET	29a. CERTIFIER XXX CERTIFYING PHYSI (Check only one) 2 MEDICAL EXAMINE												i) and manner as sta	ited.
BE.	29b. SIGNATURE AND TITLE OF CENTERES						29c. LICEN	ISE NUM	ABER 3	0	29d. DAT	E SIGNED	(Month, Day, Year)	
5	OR NAME AND ADDRESS OF PERSON WH	O COMPLETED CAU				,	1-0-			D-		•	190	+
			1111001	100	/// "	111.	LE ;	ton	VI	pec	CK	VIL	NEN	VI

1	1 - STATE REGISTRAR 1. OECEDENT'S NAME (First, Middle, Last)		CE	ERTIFICA	IE OF	DEATH	2 DATE	REG. NO.		3.7	IME OF OEA
- 9	Race L	3. 11	Bono	11001			MONT	H DAY	_ YE	AR	1:00
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	NGE (In yrs. las	t birthday IF UN	DER 1 YEAR	IF UNDER 24 HRS		OF BIRTH	6.	BIRTHPLAC	CE (State or F
1	577-01-9658	1 M 2 F	82	YRS. MONTH	S DAYS	HOURS MIN.		(Month, Dey, Year) MAY 4, 1909 MARYLAND			
	9e. FACILITY NAME (If not institution, give	street and number)		9b. C	TY, TOWN	OR LOCATION OF			c. COUNTY		
P.	HOLY CROSS HOS	SPITAL			SILVE	ER SPRIN	G		MON	TGOM	ERY
ECT	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	TY		10c. CITY, TOW	N OR LOCA	TION		-		10d	. INSIDE CIT
DIRE	MARYLAND MC	NTGOMERY		SIL	VER S	SPRING				1 🗆	LIMITS?
ERAL	10e. STREET AND NUMBER					H. ZIP CODE		10	0g. CITIZEN	OF WHAT	COUNTRY?
EB	8505 SPRINGVALE					2091	0			USA	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Olvorced	12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR	YES 2		If yes, s		laxican, Puarto Rican, atc.) Specify:			RACE — / Black, Wh Specify: HITE	American Ind nite, etc.
	15. DECEDENT'S EDI		16a, DE	CEDENT'S USUA	L OCCUPATI	ION	16	. KIND OF BUSINI			
ETE	(Specify only highest gred Elementary/Secondery (0-12)		(G	live kind of work do	e kind of work done during most of working to NOT use retired.)						
APL	9		CLE	RICAL/B	AL/BUSINESS OFFICE DRUG STORE					111.7	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NAME (First, Middle, Meiden Surname)					
BE (JOSEPH BUDD							OWARD			
TO											
	MARY DOLORES RUP	ARD (DAUGH		AND DATE OF			ILVER		MARY		_
	1 Buriet 2 Cremation 3 Real	moval from State	of cemetary	NGTON N	er place)			13 ARLII			
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	TILL		22. NAME /	NO ADORESS OF	FACILITY				
	FRANCIS J. COLLINS FUNERAL HOME, IN										
	23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory errest,										
	shock, or heart failure. List only one cause on each line.										Approximinterval
	IMMEDIATE CAUSE (Fine) disease or condition CAUSE Aurie Hagest FALICARE										9de
10	disease or condition resulting in death) s. Congertive Heart Ft./cre Out to (or as a consequence of): ARTERIO occurrente Heart desease 10										
Z	ARTERIO sclerotic Heart disease 109.										
	Sequentially list conditions, If any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF):										
ATIO	CAUSE (Disease or injury C. DUE TO (OR AS A CONSEQUENCE OF)										
FICATION	CAUSE (Diseese or injury	that initiated evente DUE TO (OR AS A CONSEQUENCE OF):									
RTIFICATION	CAUSE (Diseese or injury thet initiated evente	DUE TO (OR									
CERTIFI	CAUSE (Disease or injury thet initiated evente resulting in deeth) LAST	d	ath had not			b	In Don't I		manay	O 4th TARE	or almonos
CERTIFI	CAUSE (Disease or injury that initiated evente resulting in deeth) LAST	d	0		e underlyl	ng csuse given	in Part I.	24a. WAS AN AU PERFORME	E0?	AWA	AILABLE PRIC
CERTIFI	CAUSE (Disease or injury that initiated evente resulting in deeth) LAST	d	0		e underlyl	ng csuse given	in Part I.		E0?	CO	MPLETION DEATH?
MEDICAL CERTIFI	CAUSE (Disease or injury that initiated evente resulting in deeth) LAST	d	0		e underlyl	ng csuse given	in Part I.	PERFORME	E0?	CO	RE AUTOPSY MILABLE PRIO MPLETION DI DEATH?
MEDICAL CERTIFI	CAUSE (Disease or injury that initiated evente resulting in deeth) LAST PART II. Other significant condition. Right Coffice.	d	0			ng cause given		PERFORME 1 PES 2	E0?	CO	MPLETION DEATH?
SICIAN: MEDICAL CERTIFI	PART II. Other significant condition	d	neur	monta	26. I HER:		(Check only	PERFORME 1 PES 2	E0?	CO	MPLETION OF DEATH?
SICIAN: MEDICAL CERTIFI	CAUSE (Disease or injury that initiated evente resulting in deeth) LAST PART II. Other significant condition Right Copper 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	ons contributing to de	Procure :	monta	26. I HER; Nursing Ho	PLACE OF OEATH	(Check only ce 6 🗆 Oth	PERFORME 1 PES 2	EO? XNO	AMA CO OF	MPLETION OF DEATH?
PHYSICIAN: MEDICAL CERTIFI	CAUSE (Disease or injury that initiated evente resulting in deeth) LAST PART II. Other significant condition Right Coppe 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	ons contributing to de Lo Be HOSPITAL: Nonetlant 2 = El 26e. QATE OF IN. (Month, Day.	P/Outpatient :	MONIQ 3 DODA 4 D 28b. TIME OF INJURY	26. I HER: Numing Ho 26c. IN	PLACE OF OEATH TIME 5 Peelden NJURY AT YORK? YES 2 NO	(Check only of the Control of the Co	PERFORMI 1 VES 2 S	EO? NO URY OCCUI	AMA CO OF 1	AILABLE PRIC MPLETION D OEATH?
BY PHYSICIAN: MEDICAL CERTIFI	CAUSE (Disease or injury that initiated evente resulting in deeth) LAST PART II. Other significant conditions are consisted as a condition of the conditions are conditions.	HOSPITAL: 1 Inpetiant 2 El 26e. PLACE OF IN.	R/Outpatlem :	MONIQ 3 DODA 4 D 28b. TIME OF INJURY	26. I HER: Numing Ho 26c. IN	PLACE OF OEATH TIME 5 Peelden NJURY AT YORK? YES 2 NO	(Check only o	PERFORME 1 YES 2	EO? NO URY OCCUI	AMA CO OF 1	ALABLE PRIC MPLETION D OEATH?
ETED BY PHYSICIAN: MEDICAL CERTIFI	CAUSE (Disease or injury that initiated evente resulting in deeth) LAST PART II. Other significant condition Right Cappe 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Suicide 6 Could not be distermined	HOSPITAL: 1 Inpatiant 2 El 26a. OATE OF IN. (Month, Day. 26a. PLACE OF Inbuilding, atc.)	Procus	3 OOA 4 OT. 28b. TIME OF INJURY	26. IN WIND THE TENT OF THE TE	PLACE OF OEATH THE 5 PRecident NJURY AT YORK? YES 2 NO	(Check only of the control of the co	PERFORMI 1 VES 2 S Net (Specily) ESCRIBE HOW INJ CATION (Street and y or fown, State)	URY OCCUR	AMACO OF 1 [AILABLE PRIC MPLETION D OEATH?
ETED BY PHYSICIAN: MEDICAL CERTIFI	CAUSE (Disease or injury that initiated evente resulting in deeth) LAST PART II. Other significant conditions are conditions. Capture	HOSPITAL: 1 Planta 1 Control of the	A/Outpatient : (URY / West) JURY — At h (Specify)	3 OOA 4 OT A OT A OT A OT A OT A OT A OT	26. IN LANGE OF THE STATE OF TH	PLACE OF OEATH THE S Reciden NJURY AT ORK? YES 2 NO	(Check only ce 6 Ott 28d. Di	PERFORMI 1 VES 2 S Net (Specily) ESCRIBE HOW INJI CATION (Street and y or Town, State)	URY OCCUP If Number or	AMA CO OF 1 [NICABLE PRIVATE PRIVAT
ETED BY PHYSICIAN: MEDICAL CERTIFI	CAUSE (Disease or injury that initiated evente resulting in deeth) LAST PART II. Other significant conditions of the co	HOSPITAL: 1 Ninpatiant 2 Ei 26a. PLACE OF IN. (Month, Day, 26a. PLACE OF IN. building, atc	A/Outpatient : (URY / West) JURY — At h (Specify)	3 OOA 4 OT A OT A OT A OT A OT A OT A OT	26. IN LANGE OF THE STATE OF TH	PLACE OF OEATH me 5 Reelden NJURY AT /ORK? YES 2 NO lica te and place, and death occured at	(Check only cee 6 Ott 28d. Di 28d. LC C/c	PERFORMI 1 VES 2 Description Per (Specily) ESCRIBE HOW INJ CATION (Street and y or Town, State) Buse(a) and mennets and place, and description	URY OCCUR d Number or er as stated, due to the c	AMM COODE 1 [NICABLE PRICAMPLETION DI DEATH? YES 2 Number,
ED BY PHYSICIAN: MEDICAL CERTIFI	CAUSE (Disease or injury that initiated evente resulting in deeth) LAST PART II. Other significant conditions are conditions. Capture	HOSPITAL: 1 Ninpatiant 2 Ei 26a. PLACE OF IN. (Month, Day, 26a. PLACE OF IN. building, atc	A/Outpatient : (URY / West) JURY — At h (Specify)	3 OOA 4 OT A OT A OT A OT A OT A OT A OT	26. IN LANGE OF THE STATE OF TH	PLACE OF OEATH THE S Reciden NJURY AT ORK? YES 2 NO	(Check only cee 6 Ott 28d. Di 28d. LC C/c	PERFORMI 1 VES 2 Description Per (Specily) ESCRIBE HOW INJ CATION (Street and y or Town, State) Buse(a) and mennets and place, and description	URY OCCUR d Number or er as stated, due to the c	AMM COODE 1 [NICABLE PRIVATE PRIVAT



TO BE COMPLETED BY FUNERAL DIRECT

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL

1 - STATE REGISTRAR		OIMIC OI	WALLE LAN			F DEATH	MEMIN	REG. NO.			
1. OECEOENT'S NAME (First							2. OATE	OF OEATH		EAR 3.	TIME OF OEATH
JOSHUA	R	ORUSH	OK				11	1	91	f .	350 A.M.
4. SOCIAL SECURITY NUM	BER	5. SEX	8. AGE (in y	rrs. last birthday)	IF UNDER 1 YEA			OF BIRTH th, Day, Year)	6.	BIRTHPLA Country)	ACE (State or Foreign
195-10-1846		1 X M 2 - F	9	1 YRS.	MONTHS DAY	rs HOURS MIN.	12/	28/189	9	RUSS	IA
90. FACILITY NAME (If not in	nstitution, give st	reet and number)			9b. CITY, TOV	VN OR LOCATION OF	DEATH		9c. COUNTY	OF OEATI	н
HEBREW HOME		EATER WA	SHINGT	ON	ROCK	VILLE			MONT	GOME	RY
10e. STATE	10b. COUNTY			10c. CIT	Y, TOWN OR LO	CATION				100	d. INSIDE CITY
MARYLAND	MONTO	GOMERY		RO	CKVILL	E				1)	LIMITS? YES 2 NO
10e. STREET AND NUMBER			-			10t. ZIP COOE			10g. CITIZER	OF WHAT	T COUNTRY?
6105 MONTRO	SE ROAL	D				20852			U.S.	A.	
11. MARITAL STATUS 1 Never Merried 2 X 3 Widowed 4 Olw		12. WAS DECEDED FORCES? IF YES, GIVE	YES :	2 X NO	If yes	OECENOENT OF HISPA , specify Cuben, Mexic YES 2 NO Spec	cen, Puerto		or No— 14	. RACE — Black, Wi Specify:	American Indian, hite, etc. WHITE
15. OE(CEOENT'S EOUC	CATION COMPleted	16	Be. OECEOENT'S			16	b. KINO OF BUS	INESS/INOUS	TRY	
Elementary/Secondary (1	College (1-4 or 5	+)	life. Do NOT u	se retired.)	g most of working					
8				DES	IGNER			LADIES	LINGE	ERIE	
17. FATHER'S NAME (First, A	Alddle, Last)					18. MOTHER'S N	IAME (First,	Middle, Malden	Surname)		
NATHAN	BORUSH	OK				SARA	H	SUSS	MAN		
19e. INFORMANT'S NAME ((- 4 >			eet and Number or Rura					
ISIDORE KRE		(SON-IN-				CK RD., R					
20e. METHOO OF DIMPOSITI 1 X Buriel 2 Communication 1 Donetton	on 3 III Remo	ovel from State	ot of	ther place) LEBA		FTERY		100	LPHI,		
21. SIGNATURE OF		ENGEE (• EDDIN	22. NAM	E ANO AOORESS OF I					
· H	14.1	加州				ZANSKY-GO O ROCKVIL					
23. PART I. Emm hadock, or it immediate CAUSE (FI disease or condition resulting in death) Sequentially list condition, landing to immediate. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS	tiona, adiata	a. SEF DUE TO DUE TO OUE TO	SIS O (OR AS A CO	ONSEQUENCE O	F):	moda or dying, ac	acii da Cai	ulac of raapi	atory arres	.,	Approximate Interval Batween Onast and Day
PART II. Other algnific		e contributing to					in Part I.	24a. WAS AN PERFOR 1 YES 2	MEO?	CO OF	PRE AUTOPSY FINDINGS AILABLE PRIOR TO IMPLETION OF CAUSE DEATH? YES 2 NO
25. WAS CASE REFERRED	TO MEDICAL				_ 2	6. PLACE OF OEATH (Check only o	one)			
EXAMINER?		HOSPITAL:	☐ ER/Outpati	ent 3 🗆 OOA	OTHER:	Home 5 🗆 Reeldenc	e 8 🗆 Oth	er (Specify)	THE .		
27. MANNER OF DEATH		26e. OATE O	F INJURY	28b. TIN	AE OF 26c	. INJURY AT	_	SCRIBE HOW I	NJURY OCCU	REO	
	Pending Investigation	(Month,	Day, Year)	TIN.	JURY M 1	WORK? YES 2 NO					
2 Accident 3 Suicide 6 4 Homicide	Could not be determined		OF INJURY —, etc. (Specify)	At home, farm,	atreet, factory,	office		CATION (Street & y or Town, State)	and Number or	Rural Route	e Number,
(Critical Orly)						date and place, and d					nd menner ee stated.
29b. SIGNATURE AND TITL	FOF CERTIFIER	3				29c. LICENSE N	UMBER		29d. OATE S	SIGNEO (MO	onth, Day, Year)
(Alun &	YMA	dara	na,	uno		D391	66		D 11	1119	11
ALVIN S, N	ADAI	CANG,	MD SEAT	6121	e, Print) MONTRO	OSERD;		(VILLE	MD	208	52
31. OATE FILEO (Month, Day		12. REGISTA	AR'S SIGNAT								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a size death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit, Page 6 filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If Nem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. OATE FILEO (Month, Day, Year) NOV 06 '91

JOSHUA ECRUSHEK

hospital or attending physicia	tached for use as the burial-tr		
6 may be retained by the	tor, page 5 should be di		
after death. Page (by the funeral direct	этола!	
th certificate be executed within 24 nours	ending physician and completely filled in	Hygiene prior to bunal, cremation, or re	
ICIAN: The law requires that the deal	ertificate has been signed by the att	the State Dept. of Health and Menta	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physicia	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tr	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	

	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First,	Adiddle 4 "			CERTIF	ICATE C	F HEALTH AND F DEATH		REG. NO				
	I. DECEDENT'S NAME (First,	, Middle, Last) Edwa	77 bx	- Lowe				MOI			YEAR	B. TIME OF DEATH	
1	4. SOCIAL SECURITY NUME		5. SEX	arold 6. AGE (In yrs	: last birthday)	Bus IF UNDER 1 YE			ember :	-		2:00 P	
1)	030-09-3281		1 XM 2 F	71	YRS.	MONTHS DA		May	18, 19	20 1	Country)	chusetts	
14	14 McKay						n John	F DEATH			TY OF DEA		
DIRECTO	RESIDENCE OF DEC	EDENT								FIOIT	gome	T Y	
뿐	10a. STATE	10b. COUNT				Y, TOWN OR LO					1	Od. INSIDE CITY	
	Maryland 100. STREET AND NUMBER	Montg	omery			abin J					1	YES 2 NO	
RA	106. STREET AND NUMBER	11 11-	W 0:	1.			10f. ZIP CODE					AT COUNTRY?	
FUNERAL	11. MARITAL STATUS	14 MC	Kay Circ		20818							States	
BY	1 Never Married 2 🔀 3 Wildowed 4 Divo		FORCES?	YES 2		If yes	, specify Cuben, Ma	PANIC ORIG xican, Puert ecity:	Specify:			White, etc.	
9	15. DECI (Specify only	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refined.) 16b. KIND OF BUSINESS/IN (Give kind of work done during most of working life. Do NOT use refined.) United Sta											
COMPLET	Elementery/Secondary (0		Collega (1-4 or 5			odel M			United Govern		es Fe	deral	
	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname)												
BE	Earnesto Busi Rose M. Tassinari 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)												
2													
	Patricia K						rcle, Ca						
	20b. PLACE AND DATE of DISPOSITION 1												
	21. SIGNATURE OF FUNERAL		ENSEE	- I Mon	tgomer	22. NAMI	AND ADDRESS OF	FACILITY.					
	Michael	12.	thegins		M00846	Chev Beth	rt A. Pu y Chase, esda, Ma	mphre Inc. rylan	d 208]	4-350)1	ethesda- Avenue	
ERTIFICATION	23. PART Enter the diseases, or complications that coused the deeth. Do not enter the mode of dying, such as cardiac or respiratory erreet, and the couse of the enter the mode of dying, such as cardiac or respiratory erreet, and the couse of the enter the mode of dying, such as cardiac or respiratory erreet, and the couse of the couse of the enter the mode of dying, such as cardiac or respiratory erreet, and the couse of the cou												
MEDICAL C	PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse give Anemia, Arteriosclerotic Heart Disease, Congestive Heart Failure, Angina							in Pert 1.	24a. WAS AN PERFOR	MED?	AN CX	ERE AUTOPSY FINDIN AILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO	
	25. WAS CASE REFERRED TO	MEDICAL				28	PLACE OF DEATH	(Check only (one)				
IAN	EXAMINER?		HOSPITAL:	ER/Outpetlant	3 DOA	OTHER:	lome 5 Residen						
SICIAN				INJURY	28b. TIMI	OF 28c.	INJURY AT		ESCRIBE HOW IN	JURY OCCU	IRED		
PHYSICIAN	27. MANNER OF DEATH				28b. TIME OF 28c. INJURY AT WORK? M 1 YES 2 NO								
3Y PHYSICIAN:	1 Natural 5 F	Pending nvestigation	(Month, E	very, revery		At home, ferm, street, factory, office 28f. I				18f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
ВУ	1 Natural 5 F 2 Accident II 3 Suicide 8 ((Month, E		home, ferm, a			28f. LO City	CATION (Street a y or Town, State)	nd Number o	r Rural Roul	te Number,	
ВУ	1 Netural 5 Page 1 Page	Could not be letermined	28a. PLACE Coulding,	of INJURY — At etc. (Specify)	death occurre	d at the time, o	ffice	fue to the co	y or Town, State)	ner as atatec	1.	te Number,	
COMPLETED BY	1 Netural 5 Page 1 Page	Could not be determined FYING PHYSIC CAL EXAMINE	(Month, L 28a. PLACE C building, CIAN: To the beat of e	of INJURY — At etc. (Specify)	death occurre	d at the time, o	ffice	due to the cithe time, dat	y or Town, State)	ner as stated	i. ceuse(e) ar		
BE COMPLETED BY	1 Netural 5 F F Accident 3 Suicide 5 G G G G G G G G G G G G G G G G G G	CAL EXAMINE	(Month, L 28s. PLACE C building,	of INJURY — At etc. (Specify) my knowledge, xamination and	death occurre	d at the time, o	ffice inte and place, and on, death occured at	fue to the co	y or Town, State)	ner as stated dua to the 29d. DATE	I. couse(e) at	nd menner as stated.	
COMPLETED BY	1 Netural 5 F F Accident 3 Suicide 8 G G G G G G G G G G G G G G G G G G	COULD NOT BE READ TO SERVING PHYSIC CAL EXAMINE: OF CERTIFIER PERSON WHO	(Month, L 28a. PLACE of building, CIAN: To the beat of e	of INJURY — At etc. (Specify) my knowledge, xamination and the second s	death occurre	d at the time, o	leta and place, and on, death occured at 1 29c. LICENSE I	fue to the co	y or Town, State)	ner as stated 1 due to the 29d. DATE	SIGNED (M	nd menner as stated. onth, Day, Year)	
BE COMPLETED BY	1 Natural 5 F Accident 1 1 2 Accident 3 Suicide 8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	COOKE	CIAN: To the beat of e	of INJURY — At etc. (Specify) my knowledge, xamination and the second s	death occurre for investigation TEM 27) (Type. Connect	d at the time, o	ffice inte and place, and on, death occured at 29c. LICENSE (fue to the co	y or Town, State)	ner as stated 1 due to the 29d. DATE	SIGNED (M	nd menner as stated	

DHMH-16 Rev 1/89

		1 - STATE REGISTRAR	STATE OF MARY	/LAND / DE	EPARTMENT TIFICATI	OF HE	ALTH AN	ID MEN	ITAL HYGIEI				
		To the second se	MMN) BRASSARD,	, A.A.		7	-7.8	2. [DATE OF DEATH		YEAR 3.	TIME OF DEATH	
(P		4. SOCIAL SECURITY NUMBER 029-46-8649	1 🔀 M 2 🗆 F	GE (In yrs. lest birti	YRS. MONTHS	DAY\$	IF UNDER 24 HI HOURS MI	иа:	Month, Day, Year)		Country)	ACE (State or Foreign	
lean &	TOR	90. FACILITY NAME (If not institution, given Holy Cross Hosp	ital			v, town on ver Sj	LOCATION O	OF DEATH		9c. COUNT	y of DEAT		
Page Market	E E	RESIDENCE OF DECEDENT 10a. STATE 10b. COU		10	c. CITY, TOWN (OR LOCATIO	IN .					d. INSIDE CITY	
iji.	L DIR	Mass. Wor	cester		Worcest							LIMITS?	
1. ansit pe	ERAL	119 Providence	Street				0604			USA	EN OF WHA	T COUNTRY?	
5-0020 nding physician. Is the burial-transit	BY FUN	t1. MARITAL STATUS 1 X Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	ES 2XXNO		WAS DECEN It yes, spect 1 YES 2	Ify Cuban, Ma	SPANIC OF exican, Pur pecify.	RIGIN? (Specify Yearto Rican, atc.)	aa or No— t	4. RACE — Black, W Specify: White	American Indian, /hita, atc.	
atte	ETED	15. DECEDENT'S E (Specify only highest gri	:DUCATION rade completed)	(Give kir	ENT'S USUAL Of				16b. KIND OF BU	USINESS/INDU	STRY		
W = 5	APLE	Elementary/Secondary (0-12)	College (1-4 or 5+) 4		NOT use retired.) Sious B	rothe	r		August Assump			the	
YLA by the be del	BE COMPL	17. FATHER'S NAME (First, Middle, Last) Armias Brassar							irst, Middle, Maidei Marras				
MA e retain 5 sho	TO E	19a. INFORMANT'S NAME (Type/Print) Bro. Paul Ric	hard	19b. MA 30	Chrome	St.,	Number or Re Worc	este	Number, City or Ton	wn, State, Zip C achuse	tts ()1604	
IORE, a 6 may be ector, page		20g, METHOD OF DISPOSITION 1 (X Burlal 2 Cremation 3 R. 4 Donation 5 Other (Specify)	emoval from State	St. Ann	OATE OF DISPOS	ITION (Name		3	, t 91 Fi	OCATION — CH			
Page I dir		21. SIGNATURE OF FUNERAL SERVICE		Dt. Alli	22.	NAME AND	ADDRESS OF	F FACILITY		skdale	, Mas	S.	
BALT fter death. the funera oval.		- Dendu	Opair			2222	Wisco:	nsin	Avenue	, NW,	WDC 2	20007	
E8760, Executed within 24 hours after and completely filled in by the burial, cremation, or remove natic event, the medical	7	23. PART I. Enter the diseasea, or complications that causad the death. Do not enter the mode of dying, such as cardiac or reapiratory arreat, above, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition reaulting in death) DUE TO (OR AS A CONSEQUENCE OF):											
P.O. BOX rth certificate be extending physician at Hygiene prior to or other traum	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):											
CORDS ires that the d signed by the tealth and Mer	MEDICAL (PART II. Other significant condition	ions contributing to death	but not result	ting in the un	derlying c	ause given	in Part I	24a. WAS AN PERFO	RMED?	COI OF	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO	
- 0 .:		25. WAS CASE REFERRED TO MEDICAL										n/a	
는 하 하 등	PHYSICIAN	EXAMINER?	HOSPITAL:	utpetlant 3 🗆 D	OTHER	₹:	5 Realden		y one) Other (Specify)				
ON OF VI DING PHYSICIAN: After this certifica death with the St marked, or it	ву Рну	27. MANNER OF DEATH 1 X Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	Y 28b	b. TIME OF INJURY	28c. INJURY WORK?	Y AT	28d.	DESCRIBE HOW	INJURY OCCU	RED		
ISIC TENDI TOR: A after of	ETED	3 Suicida 8 Could not b 4 Homicide detarmined		RY — At home, to secify)	arm, straet, facto	ory, offica		28t. I	LOCATION (Street City or Town, State,	and Number or	Rural Route	Number,	
DIV TO THE HOSPITAL DR AI TO THE FUNERAL DIRECT De filed within 72 hours. IMPORTANT: If item	COMPL	2 MEDICAL EXAMI	YSICIAN: To the best of my kno INER: On the basis of axaminst	wiedga, death od	courred at the ti	me, date and	d place, and	dua to the	cause(a) and ma	nner as stated.	cause(a) and	d manner as stated.	
O THE P	BE	29b. SIGNATURE AND TITLE OF CERTIF	SKA	ugra		29	9c. LICENSE	NUMBER	2	29d. DATE S	IGNED (Moi	nte, Day, Year)	
7	10	30. NAME AND ADDRESS OF PERSON V			(Type Print)	=	113	Sil	ver S	bring	1 M	D 2090	
		31. DATE FILED (Month, Day, Year) NOV 1 2 '91	32. REGISTRAR'S SIG	NATURE AND AND	Lie.					7	(40/	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM				GIENE G. NO.	02010
."	1DECEDENT'S NAME (First, Middle, Upst)	rroppra e	. CARRO	LL		2. DATE OF DE	ATH	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	S. SEX 6. AGE (In Sex and number)	yrs. last birthday) IF 88 YRS.	UNDER 1 YEAR ITHS DAYS	IF UNDER 24 HRS. HOURS MIN. R LOCATION OF DE	7. DATE OF BIF (Months Day, COS ZO		BIRTHPLACE State or Foreign Country OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	485777	I 10c. CITY. TO	S/4/J	IMORE	10d, INSIDÉ CITY		
	Maryland		Baltimore (77	40- CITIZEN	LUMTS? 1/2 YES 2 NO OF WHAT COUNTRY?
FUNERAL	10e. STREET AND NUMBER 208 South L	OBOV AVIL	R		213	1229		USUSA
BY	11. MARITAL STATUS 1 Never Married 2 Married 2 Never Married 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	ENDENT OF HISPAN scify Cuban, Maxical 2 NO Specify	n, Puarto Rican,		RACE — American Indian, Black, White, atc. Specify: Black
COMPLETED		TION Impleted) College (1-4 or 5+)	16a. OECEDENT'S USU (Give kind of work life. Do NOT use re	done during mo tired.)	st of working	16b. KIND	OF BUSINESS/INDUST	FRY
MP	5th 17. FATHER'S NAME (First, Middle, Last)		Hou	sewif	C 16. MOTHER'S NAI	ME /Elect Mildelle	Maidan Sumama)	
E C	Unknown					Snowd		
m	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a			y or Town, State, Zip Co.	de)
2	Laura Carroll (Daughter)	4517 P	arkto	n St.,	Balti	more, MD	21229
	20a. METHOD OF DISPOSITION 1 Burtel 2 Cremation 3 Remov 4 Donation 5 Other (Specify)	al from State	PLACE OF DISPOSITION OF PLACE OF PLACE OF DISPOSITION OF PLACE OF	ON (Name of cer Cemet	netery, cremetory or		20c. LOCATION — City Highland	
	21. SIGNATURE & FUNERAL BERVICE LICEN	12. Au	owka	SNOW	DEN FUN	ERAL :	HOME, P.	Α.
	23. PART I. Enter the discesses, or co- ehock, or hear fellure. Li- IMMEDIATE CAUSE (Final discesse or condition resulting in deeth)	et only one ceuse on ea	failure	and R	enal fa	ilure	or reepiretory arreat	Approximate Interval Between Onset end Deeth
CERTIFICATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	(io -ui	in eldon	OWNa	ma	year.
PHYSICIAN: MEDICAL C	PART II. Other significant conditions Combro van eula	contributing to death be	ut not resulting in t	he underlyin	g cause given in		WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26. P	ACE OF DEATH (Ch	eck only one)		
	EXAMINER?	NOSPITAL:	ntient 3 DOA 4	THER:	ne 5 🗆 Residence		ocify)	
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	29b. TIME O	F 28c, IN.	URY AT DRK? YES 2 NO		E HOW INJURY OCCUP	RED
TED BY	2 Accident Investigation 3 Suicide S Could not be 4 Homicide datermined	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm, stre	et, factory, offic	a	26f. LOCATION City or Tox	(Street and Number or vn, State)	Rural Route Number,
COMPLETED	CONSUM UNITY	AN: To the best of my knowl						cause(a) and manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	n', nn			29c. LICENSE NUI		29d. DATE S	IGNED (Manth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pr	(nt)	D 1845		01.	1-17 17
	SUNGTA SAPS! 31. DATE FILED (Month, Day, Year)		-	U. 13	ult stac	t, Da	Utmm, }	1021223
	NOV 06 '91	32. REGISTRAR'S SIGN	andell					

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DIVISION OF VITAL

CERTIFICATION

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PHYSICIAN:

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR John Phillip o Comaromi 11 = 50 DM 11 -4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign April 4, 373-36-3773 MONTHS DAYS HOURS XXM2 F 54 1937 Michigan 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 8041 Park Overlook Drive Bethesda Montgomery RESIDENCE OF DECEDENT 10e. STATE 10h. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Montgomery Bethesda 1 YES XX NO 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 8041 Park Overlook Drive 20817 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1XXYES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuban, Mexicen, Puerto Ricen, etc.)

1 □ YES 2 ▼▼O Specify: 14. RACE — American Indian, Black, White, afc. 1 Never Married 2 X Verried 3 Widowed 4 Divorced 1956-1958 White 15. DECEDENT'S EDUCATION pecify only highest grade comple 18e. DECEDENT'S USUAL OCCUPATION 18b. KIND OF BUSINESS/INDUSTRY (Spe ost of working (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 5+ Editor Library of Congress 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) John Comaromi Stella Olchawa 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Myung O. Comaromi 8041 Park Overlook Drive, Bethesda, Maryland 20817 20e. METHOD OF DISPOSITION

XXBurial 2 Cremation 3 Removal from State 11/11/91 Mt Morris Migh 20b. PLACE AND DATE OF DISPOSITION (Name of Flint Memorial Park 4 ☐ Donetion 5 ☐ Other (Specify) Mt. Morris, Michigan 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Robert A. Pumphrey Funeral Home Bethesda-Chevy Chase, Inc., 7557 Wisconsin Avenue, Bethesda, Maryland 20814-3501 M00522 23. PART I. Enter the diseasas, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or haart failure. List only one causa on each line. interval Between IMMEDIATE CAUSE (Final Onsat and Death disease or condition 20 than. Gun Sho resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequantially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated eventa resulting in daath) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 XXVO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL OTHER: ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA rsing Home 5 Pasidance 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation WORK? M 1 YES 2 Acoldent
XX Suicide
4 Homicide 2 NO 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the beet of my knowledge, death occurred at the films, data end place, end due to the ceuse(e) end manner ea stated. XXXMEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) and menner ee stated.

THE HOSPITAL (
THE FUNERAL D
filed within 72 h
PORTANT: If IN TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 296. SIGNATURE AND TITLE OF CERPIFIEN BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Sur WE7 2 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 191 whole 8219 WISCANSIN CLCL Bethod 39. REGISTBAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) '91 NOV 07

DHMH-16 Rev 1/89

TO BE

31. DATE FILED (MC)

Day, Yes

	1. DECEDENT'S NAME (First, Middle, Last)	BEATRICE	(BRIDG			CASEY	2.	DATE OF DEATH		EAR 3.	TIME OF DEATH
	AKA BEATRICE CASEY						NOV. 8 1991				
DIRECTOR	578-10-0764	1 M 2 X F				DAYS HOURS	A HOURS MIN (MO		DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or F Country)		
	9a. FACILITY NAME (If not institution, give str	75	9b. CITY, TOWN OR LOCATION				FEB. 21, 1898 LRELAN				
	SACRED HEART HOME					TTSVILLI		PRINCE GEORGE'S			
	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c. CITY, TOWN OR LOCATION								
	N/A N/		WASHINGTON, D.O							d. INSIDE CITY LIMITS? X YES 2 1	
IAL	10e. STREET AND NUMBER					101. ZIP CODE			10g. CITIZEN OF WHAT COUNTRY?		
FUNERAL	4330 WARREN STREE	T, N.W.		20016			16			USA	
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	EVER IN U.S. A YES 2 Z R OR DATES								hita, atc.	
品	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)		ECEDENT'S			ıa	18b. KIND OF BU			,
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	leh	(Give kind of work done during most of w life. Do NOT use retired.)							
OME	17. FATHER'S NAME (First, Middle, Last)		HAI	RDRES	SEK	40 140771	EDIC NAME	BE First, Middle, Maider	AUTY S	ALON	
ш	WILLIAM JONES						RA RYA		sumame)		
TO B	tge. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street and Number	or Rural Route	Number, City or Tov	vn, State, Zip Co	ide)	
F	NOREEN CASEY EMERS	ON	6	311 7	TULSA	LANE I	BETHES	DA, MARY	ZLAND	2081	7
	20a. METHOD OF DISPOSITION 1 Note: Burlai 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemelary, cramatory or other place)										
	4 Donetton 5 Other (Specify) MT. OLIVET CEMETERY 11/12 WASHINGTON, D.C. 21. SIGNATURE OF FUNERAL SERVICE NCENSEE/										
	FRANCIS J.							INS FUNE			
-	23. PART I, Enter the diseases, pr cr	omolicetions that of	coused the d	eeth Do s	Of enter	O UNIVER	RSITY	BLVD.,W.	SIL.S	PR.,	
	snock, or neert reliure. List only one ceuee on each line.									Approximation intervel Be Onset end	
	disease or condition resulting in deeth)	0.14	Heomyeletra							weel	
	disease or condition resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF) Sequentially list conditione, If any leading to immediate DUE TO (OR AS A CONSEQUENCE OF):										
RTIFICATION	Sequentielly list conditione, if any, leeding to immediate cause. Enter UNDERLYING	DUE TO (O	R AS A CONSE	STILE OUENCE OF	iole	e perip	herst	Visul	erde	ace	yea
ERTIFIC	CAUSE (Disease or injury that initiated events resulting in deeth) LAST d.										
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L CE	PART II. Other significant conditions	alenent	u					OF DEAT			
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CIAN: MEDICAL CE	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL:	R/Outpatient 3	DOA 28b, TIME	4 Nurs		eldence 8 🗆	nly one)	NJURY OCCUR		
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PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

SSUGA, MD HODO WELLOW

NOT)

R. REGISTBAR'S SIGNATURE

JULIAN JULIA

	1. DECEDENT'S NAME (First, Middle, La	ist)					2. DAT	E OF DEATN			3. TIME OF DEATN	
	LEONOR	В.	•	(CARAZO		NOV	EMBER	10.	1991	7:00 P.	
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DAT	E OF BIRTH		8. BIRTN	IPLACE (State or Foreign	
-	092-01-7008	1 M 2 X F	89	89 YRS.		HOURS MIN,		NOV. 7, 1		PIIF	ERTO RICO	
53	9a. FACILITY NAME (If not institution, gir	ve street and number)			9b. CITY, TOWN	OR LOCATION OF				JNTY OF DI		
CTOR	11,714 VEIR	WHEAT	WHEATON MONTGOM					ÆRY				
ш	RESIDENCE OF DECEDENT 10a. STATE 10b. COU		10c. CITY			TION						
DIR		MONTGOMERY	Y		WHEATON					10d. INSIDE CITY LIMITS?		
ALI	10e. STREET AND NUMBER			WILATON 101. ZIP CODE							1 YES 2 NO	
8	11,714 VEIRS MILL ROAD								USA			
FUN	11. MARITAL STATUS	12. WAS DECEDER	NT EVER IN U.S.	20902			ANIC ORIGIN? (Specify Yea or No		Vee or No-			
	1 Never Merried 2 Merried	FORCES?	1 YES 2 WAR OR DATES	XNO	If yea, a	pecify Cuben, Mexic S 2 NO Spec	cen, Puerti			Black	, White, atc.	
Э ВҮ	3 Widowed 4 X Divorced			PUERTO						Specify: WHITE		
TED	15. DECEDENT'S E (Specify only highest gr	EDUCATION rade completed)	16e.	(Give kind of	USUAL OCCUPAT	ION		b. KIND OF B	SUSINESS/IN	DUSTRY		
LET	Elementary/Secondary (0-12) College (1-4 or 5+)			ille. Do NOT u	se retired.)							
COMPL					ΓARY			DEPT.	OF A	RMY		
8	17. FATNER'S NAME (First, Middle, Last)					18. MOTNER'S N	AME (First	, Middle, Maide	en Sumeme)			
BE	JUAN F.	CARAZO				JOSET		MARIA		GONZA	ALEZ	
2	19e. INFORMANT'S NAME (Type/Print)	60 (NTTIOT				and Number or Rura						
	LUZ S. VELAS	CO (NIECE				ROAD, F					20853	
	1 X Buriel 2 Cremation 3 R	emoval from State	cemetery.	CEAND DATE	OF DISPOSITION (Nother place)	iame of	DA		LOCATION —		, , , , , , , , , , , , , , , , , , , ,	
	4 Donation 5 Other (Specify)	AVCENUES.	- GA	TE OF	HEAVEN	CEMETERY		S	ILVER	SPRI	NG, MARYLA	
	J 1 1	The state of the s			22.NAME.	ND_ADDRESS OF F	ACILITY _	370 73743	TTTT			
		11/1			FRAN	CIS J. C	OLLI	NS FUI	NERAL	HOME	E, INC.	
	23 PART I. Enter the diseases	or complications the	at ceueed the	deeth. Do r	500	UNIVERSIONE OF A COLOR	TY B	LVD.,	W., S	SIL.	SP., MD 20	
	ZS.PART 1. Enter the diseases, ehock, or heer failur IMMEDIATE CAUSE (Final disease or condition resulting in death)	a	use on each I	ine.	500 not enter the m	UNIVERSI	TY B	LVD.,	W., S	SIL.	SP., MD 20	
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition	a. DUE TO C.	use on each I	SEQUENCE OF	500 not enter the mo	UNIVERSI	TY B	LVD.,	W., S	SIL.	SP., MD 20	
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DHMN-16 Rev 1/89

MANUAL STREET STATE

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VISION OF VITAL RECORDS, P.O. BOX 68760,	The law requires that the death certificate he executed within 2
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5	PHYS
SISION	ATTENDING PHYSICIAN

31. DATE FILED (Month, Day, Year)

		Like
		ter this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. F
	IG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ansit p
N OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	hysicia	vrial-tr
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH P Dee-Ja Cho 4. SOCIAL SECURITY NUMBER 5 SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 358-64-6718 1 M 2 F JULY 23, 1941 KOREA -9a, FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 1131 UNIVERSITY BOULEVARD, WEST#1522 SILVER SPRING c,i MONTGOMERY RESIDENCE OF DECEDENT DIRECT 10a. STATE 10b COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND MONTGOMERY SILVER SPRING 1 YES 2 ND FUNERAL 10a. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1131 UNIVERSITY BOULEVARD, WEST #1522 20902 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 V NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexicen, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, atc. 1 Never Merried 2 X Married FORCES? 1 YES 2 NO BY 1 YES 2 X NO Specify 3 Widowed 4 Divorced Specify. ETED ASIAN 16a, DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION pecify only highest grade complete (Spe 18b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementery/Secondary (0-12) College (1-4 or 5+) COMPL HOUSEWIFE examiner must be notified at once 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) YOUNG HAN CHOI BE KWEE RYE LEE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20902 HEUNG SAM CHO (HUSBAND) 1131 UNIVERSITY BLVD., WEST #1522 SILVER SPRING, MD. 20e_METHOD OF DISPOSITION
1 Description | Method 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State 4 Donation 5 Other (Specify) NORBECK MEMORIAL 11/11 OLNEY, MARYLAND 21. SIGNATURE OF PURIS AL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W. SIL.SPR., MD. 20901 or removal the medical 23. PART I, Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, Approximate shock, or haart fallura. List pnly one cause on each line. interval Batwaen IMMEDIATE CAUSE (Final Iver metastasis of breast cancer Onsat and Death disease Dr condition resulting in death) 2 1704762 item 23 shows any injury, or other traumatic event, DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseasa Dr Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 - Nursing Home 5 Realdence 8 - Other (Specify) 0 27. MANNER DF DEATH 28s. DATE OF INJURY (Month, Day, Yeer) is marked, 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending M BY 1 YES 2 NO 2 Accident Investigation 3 Suicide 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) COMPLETED 8 Could not be 28f. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) OR ATTENC DIRECTOR: hours after 50 4 Homicide item 29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and menner as stated. HOSPITAL FUNERAL (within 72 h 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occured at the time, data and piecs, and due to the ceuse(s) and manner as stated. IMPORTANT: 296. SIGNATURE AND TITLE DF CERTIFIER 29d. DATE SIGNED (Mogth, Oay, Year) THE BE 18mu 11/10 2 2 3 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

37. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Joseph W. Chiloro 355 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) 168-18-2358 1 3 M 2 | F 68 DAYS HOURS YRS. May 30, 1923 Pennsylvania 9a. FACILITY NAME (If not institution, give street and nut 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Suburban Hospital Bethesda Montgomery RESIDENCE OF DECEDENT Pages ! ton. STATE 10c. CITY, TOWN OR LOCATION tod. INSIDE CITY LIMITS? Maryland Montgomery Rockville permit. 1 K YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? burial-transit 907 Nelson Street 20850 United States the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-**MARYLAND 21215-0020** 14. RACE — American Indian, Black, White, etc. FORCES? 1X YES 2
IF YES, GIVE WAR OR DATES 2 NO 1 Never Merried 2 Merried It yes, specify Cuban, Mexican, Puerlo Rican, etc.) BY 1 YES 2 X NO Specify: 3 Widowed 4 Divorced page 5 should be detached for use as the White WW II COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co Elementsry/Secondary (0-12) College (1-4 or 5+) 5+ Civil Engineer Bechtel Power Corp. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Joseph Chiloro ä 3 Angeline Gregg BE notified Page 6 may be retained 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Hilde M. Chiloro 907 Nelson Street, Rockville, Maryland 20850 BALTIMORE pe 20e. METHOD OF OISPOSITION
1 Burlel 2 X2 Cremetion 3 Removal from State
4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name 11/10/91 DATE 20c. LOCATION — City or Town, State must director, Montgomery Crematorium, Inc, Bethesda, Maryland examiner Robert A. Pumphrey Funeral Home/Rockville, 300 West Montgomery Avenue Inc., Rockville, Maryland 20850-2805 21. SIGNATURE OF FUNERAL SERVICE LICENSEE death. M00198 Tomas carrent the medical 23. PART i. Enter tha diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fallure. List only one cause on each line. in by Approximata Interval Retween filled IMMEDIATE CAUSE (Final Onset and Daath the disease or condition 1 SCHEMIC resulting in death) executed within event. 68760. myoches traumatic CERTIFICATION and Sequantially list conditions, BOX DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediata cause. Entar UNDERLYING nding physician certificate be CAUSE (Disease or Injury that initiated avents other DUE TO (OR AS A CONSEQUENCE OF) 0 reaulting in death) LAST 0 10 the atter Injury. RECORDS, PART II. Other algnificant conditions contributing to death but not reaulting in the underlying cause given in Part I. MEDICAL 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS by shows any PERFORMED? AVAILABLE PRIDE TO Signed Health a COMPLETION OF CAUSE DF DEATH? been s 1 YES 2 NO has be Dept. PHYSICIAN: HDSPITAL DR ATTENDING PHYSICIAN: The law DIVISION OF VITAL 25. WAS CASE REFERRED TO MEDICAL this certificate h item 28. PLACE OF DEATH (Check only one) OTHER: NO 1 YES 2 Inpstient 2 ER/Outpatient 3 DOA 4 - Nursing Home 5 - Residence 8 - Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked. Natural 5 Pending Investigation INJURY M t YES 2 NO BY After t Accident TO THE FUNERAL DIRECTOR: At De filed within 72 hours after dr IMPORTANT: If item 28 is 28e. PLACE OF INJURY — At home, term, atreet, fectory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, ED 8 Could not be 4 Homicide E CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner es stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the ceuse(a) and menner as stated. BE 29d. DATE SIGNED (Month, Day, Year) >353 DO MOV 2 COMPLETED TAKES OF DEATH STEM 27) (Type. Print

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31. DATE FILED (Month, Day, Year)

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Items: 23 part STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR STATE CE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH YEAR Thomas ALEXANDER CINI 11 03 1991 7:30 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Month, Dey, Year) 10-27-1991 MONTHS 1 🛛 M 2 🗌 F None Maryland 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 9737 MOUNT PISGALE SILVER SPRINGS MONTGOMERY RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland . Montgomery Silver Spring 1 YES 2 NO 10a. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 9737 Mt Pisgah Road/1002 20903 USA death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or If yes, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: BALTIMORE, MARYLAND 21215-0020 14. RACE — American Indien, Black, White, etc. 1 Never Married 2 Married BY 3 Wildowed 4 Divorced Specify Caucasian 38 6 18e. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION pecify only highest grade complete asn (Sne (Give kind of work done during milife. Do NOT use retired.) ᇤ ĮQ. Elementary/Secondary (0-12) College (1-4 or 5+) COMPL detached 0 None once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) 2 at Peter D Cini Deborah Yeargin BE page 5 should notified 19e. INFORMANT'S NAME (Type/Print) 19b, MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 9737 Mt Pisgah Rd/1002 Silver Spring, MD 20903 Peter D Cini pe 20e. METHOD OF DISPOSITION

1 WBurlal 2 Cremetlon 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must director, St Mary S Cemetery 11/6 Alexandria, VA 22314 21. SIGNATURE OF NUNERAL SERVICE LICENSEE the medical examiner 22. NAME AND ADDRESS OF FACILITY Demaine Funeral Homes, Inc filled in by the Alexandria, Virginia 22314 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximete ehock, or heert feilure. List only one ceuse on eech line. ö intervei Between IMMEDIATE CAUSE (Fine) Onset end Death diseese or condition Smothering Asphyxia ysician and completely prior to burial, crematic event, recuiting in deeth) DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially liet conditions. if eny, leeding to immediate ceuse. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): attending physician CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE DE) that initiated events resulting in death) LAST 10 signed by the atte PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS any AVAILABLE PRIOR TO COMPLETION OF CAUSE YES 2 NO DF DEATH? Shows 1 TYES 2 T NO has by Dept. PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL this certificate his with the State D 26. PLACE OF DEATH (Check only on item HOSPITAL OTHER: Y YES 2 NO HOSPITAL OR ATTENDING PHYSICIAN: Inpatient 2 - ER/Outpetient 3 - DOA 4 ☐ Nursing Home 5 X Residence 8 ☐ Other (Specify) 6 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF marked, 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural Unkown™ BY 1 YES subject was smothered After 2 Accident 3 Suicida 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 9/3/ Mt. PISGAh 28 Is DIRECTOR: / COMPLETED 4 Homicida determined home Item 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, date end place, end due to the cause(s) end manner es stated. FUNERAL (
within 72 h MEDICAL EXAMINER: On the beats of exemination end/or investigation, in my opinion, death occured at the time, date and place, end due to the cause(s) end menner or stated. IMPORTANT: THE F TURE AND TITLE OF CERTIFIER 포 BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 223 O.C.M.E. 2 11/04/1991 JE WAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

111 PENN STREET

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BALTIMORE, MARYLAND 21201

215-46-3239 TAN 10 TAN 10		1. DECEDENT'S NAME (First, Middle, Last	ONELSON (COOPER			2. DATE OF DEATH MONTH 11-20	4 91 g	YEAR	3. TIME OF DEATH			
Suburban Hospital Bethesda MONTGOMERY TRIBUTE AND WARREST OF DESCRIPTION OF MONTGOMERY Maryland Montgomery Sec. CITY, TOWN ON LOCATION THE ADDRESS OF DESCRIPTION OF MONTGOMERY Maryland Montgomery Sec. CITY, TOWN ON LOCATION 10. 32 PCCCCC 11. MANUAL STUDY SEC. CITY, TOWN ON LOCATION 12. WAS DECEMBED TO MANUAL STUDY SEC. CITY, TOWN ON LOCATION 13. MANUAL STUDY SEC. CITY, TOWN ON LOCATION 14. MANUAL STUDY SEC. CITY, TOWN ON LOCATION 15. New Wateries 2 Sec. CITY, TOWN ON LOCATION 16. NEXT COUNTY SEC. CITY, TOWN ON LOCATION 17. New Wateries 2 Sec. CITY, TOWN ON LOCATION 18. NEXT COUNTY SEC. CITY, MONT, MANUAL SEC. CITY, TOWN ON LOCATION 18. NEXT COUNTY SEC. CITY, MONT, MANUAL SEC. CITY, TOWN ON LOCATION 18. NEXT COUNTY SEC. CITY, MONT, MANUAL SEC. CITY, TOWN ON LOCATION 18. NEXT COUNTY SEC. CITY, MONT, MANUAL SEC. CITY,	1		1 🔀 M 2 🗆 F						Country)				
2.14 Frederick Avenue 12.24 Frederick Avenue 12.25 June 12.24 June 12.24 June 12.24 June 12.25 Ju	STOR	Suburban Hosp					EATH						
MARTINA STATUS NAME AND CONTROL		Maryland Mc	ille				LIMITS?						
DEFORM SOUTH STATE SOUTH STATE SOUTH STATE SOUTH STATE SOUTH SOUTH STATE SOUTH	UNERA	11. MARITAL STATUS	12. WAS DECEDENT EVER		13. WAS DE	20850	NIC ORIGIN? (Specify Ye		USA				
Emanuscrytherodary (bits) College (1-d or 5-1) College (1-d or 5	BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 TYES	Secily Cuban, Mexico S ZXXIO Specif	n, Puerto Rican, efc.) ly:		Black, Specify	White, atc.			
James F. Cooper 13. Approximate Toward (Proporting) 13. Second Toward Toward (Proporting) 14. Second Toward Toward (Proporting) 15. Second Toward Toward (Proporting) 15. Second Toward Toward Toward (Proporting) 15. Second Toward Towar	h 1	(Specify only highest grad Elamentary/Secondery (0-12)	le completed)	(Give kind of w	ork done during me e retired.)	ost of working				ille			
Elizabeth Holsey (Daughter) 7814 Scotland Dr., Potomac, MD 20854 306. METNOD of Disposition 3 Removal from State 206. LOCATION - City or Town, Stata 206. Location - Locati		James F. Coope	r			te. MOTNER'S NA	ME (First, Middle, Meiden a Clifton	Sumame)					
The second state of the second state state of th	10	Elizabeth Holsey (Daughter) 7814 Scotland Dr., Potomac, MD 20854											
Approximation and the state of		21. ShowDen Funeral service Ligensee 22. NAME AND ADDRESS OF FACILITY SNOWDEN FUNERAL HOME, P.A.											
PERFORMED? VES 2 NO COMPLETION OF CALC	RTIFI	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	S. Cardi S. DUE TO (OR AS	A CONSEQUENCE OF	otic He	rest	EST			Approximate interval Betwee Onset and Dea			
EXAMINER? 1	Σ	PART II. Other significant conditions	na contributing to death	but not resulting in	the underlying	g cause given in	PERFOR	IMED?	C	WAILABLE PRIDE TO DMPLETION DF CAUSE IF DEATN?			
29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) SPEED KLONFUL Not be determined investigation investigation, in my opinion, death occurred at the time, date end piece, end due to the cause(e) and manner as attained. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. TAKOMA PARCK, MI	PHYSICI	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN	1 Inpetient 2 ER/Ou	28b TIME	OTHER: 4 Nursing Nom OF 28c. INJ	e 5 Aeeldenca URY AT	6 Other (Specify)	NJURY OCCU	RED				
29a. CERTIFIER (Check only one) CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the filme, date end place, end due to the cause(e) end menner as attailed. Description one of the cause of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner as attailed. 29b. SIGNITURE AND TITLE OF CERTIFIER Special Control of the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner as attailed. 29b. SIGNITURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 1	TED B	3 Suicide 8 Could not be	28e. PLACE OF INJUF building, etc. (Sp	IY — At home, farm, at ecity)			281. LOCATION (Street a City or Town, State)	and Number of	Rural Rou	ite Number,			
296. SIGNATURE AND TITLE OF CERTIFIER KRONFLI, MD 296. LICENSE NUMBER D 41662 11/2/91 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) SPEED KRONFLI 7610 CARROLL AVE, # 408 TAKOMA PARK, MI	OMPLE	(Check only	ICIAN: To the best of my kno	wiedga, death occurred	d at the time, date	end place, end due	to the cause(e) end men	ner as staled	i. cause(a) a	nd manner as stated.			
I SAFED KRONFUL 7610 CARROLL AVE, # 408 TAKOMA PARK, MI	BE	29b. SIGNATURE AND TITLE OF CERTIFIE	KRONF	LI, M	0								
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE		SA SED KILON	JFU ()	2 6 4		VE, #4	08 TF	Komi	A PA	IRIC, MD			

Mary Grant Later Line

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BALTIMORE, MARYLAND 21203-3146

IMPORTANT: If Item 28 is marked, or item 23 shows any

BY

BE COMPLETED

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	REGISTRAR		CL	-NIII	ICATE	OF	DEA	IH		G. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF D	I一图	-91	YEAR	3. TIME 2.3	OF DEATH	
1	RUTH 4. SOCIAL SECURITY NUMBER	N. CAMPI	SELL S. AGE (In yrs. les	e biotholous	IF UNDER 1	rean I	IF UNDER	n na Lime	7, DATE OF B	8		941	500	State or Foreign	M
	579-40-18053 ₇₀₅	5. SEA 21 □ M 2 X F	66	YRS.		DAYS	HOURS	MIN.	(Month, Day	Year)		Countr	ry)		4
	9a, FACILITY NAME (If not institution, give		- 00		9b. CITY, 1	OWN O	PIOCATI	ON OF DE	6-17-	25	9c, COUN	Was		DC	_
02			**	7					-AIII			4		DI	
DIRECTOR	Shady Grove A	<u>lventist</u>	Hospi	tal	1	COC	kvi.	тте			MC	DIVITO	SOME	RY	
REC	10e. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN OR								10d. INS	IDE CITY	
	Maryland I	Montgome:	ry		Ga	iit	her	sbuı	rg				1 X YE	S 2 NO	
IAL	10a. STREET AND NUMBER					101.	ZIP COD				10g. CITIZ		WHAT COL	JNTRY?	
ER	7925 Spiceber:	ry Circle	e, Apt	. A			2	087	7			USF	4		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WAI	YES 2XX		10	rea, spe	cify Cuba		NIC ORIGIN? (Sp n, Puerto Rican y:		or No	14. RACI Black Spec	E — Amer k, Whita, e	lcan Indian, etc. Iack	
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondery (0-12) 9th		(G	ive kind of a Do NOT us	work done du se retired.)	ring mos	st of worki	ing	16b. KINI	OF BUS	INESS/IND	USTRY			
NO	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, Middle	, Maiden :	Surname)	•			
E C	Basil C. Taylo	or						Sara	ah E.	Nea	1				
0	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	Street a			Route Number, C			Code)			
2	Gloria Tyner	(Daughte:	r) 1	870	6 Pie	rp	oin.	t Pi	L., Ga	ith	ersh	our	I. M	B879	
	20e. METHOD OF DISPOSITION 1 M Burial 2 □ Cremetion 3 □ Rer		_	OF DISPO	SITION (Nam						CATION —				
	4 Donation 5 Other (Specify)	noval from State	Emor		rove	Ce	met	ery		Gai	ther	sbu	ırg,	MD	
	21. SIGNATURE OF FUNERAL SERVICE L	R. Su	ww	la	SI	IOW	DEN	FUN LE,	VERAL MD 20	HOM 850	E, F	P.A.			
	23. PART I. Enter the dispases, or ahock, or heart fallure IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one caus		2 f	mkī				nry si			Mm	ln Or	pproximate terval Betv nset and D	esth
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	OR AS A CONSE	OUENCE O	PF):										
ERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	c	OR AS A CONSE	OUENCE O	PF):										
MEDICAL C	PART II. Other significant condition	na contributing to c	desth but not	resulting	In the und	erlyln	g csuse	given in		WAS AN PERFOR		241	COMPLE OF DEAT	UTOPSY FIND RLE PRIOR TO ETION OF CAU TH?	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL	1				20 51	ACE OF	DEATH (O	mak anti-see'						
-	EXAMINER?	HOSPITAL:			OTHER		AUE UF	DEATH (C)	neck only one)						

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF DEATH (Check only one) OTHER:
4 □ Nursing Home 5 □ Residence 8 □ Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 28b. TIME OF INJURY 1 Natural
2 Accident 5 Pending Investigation м 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be datarmined 4 Homicide

29a. CERTIFIER	1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner as stated.
(Check only	TO SCIENTING PRESIDENT TO the best of my knowledge, deem occurred at the time, date and place, end due to the cause(a) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, data end place, and due to the cause(a) and manner as stated.

VINE AND TITLE OF DESCRIPTION 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

182 REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) 19

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OHMH-16 Rev 1/89

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BALTIMORE, MARYLAND 21203-3146	1. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-wours after death. Page 6 may be retained by the hospital or attending physician	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-training permit. Phases the forms after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	ires that the de	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi I hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	ws any Injury
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VITAL	AN: The	tificate ha	r item
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DIVIS	L OR ATTE	DIRECTO	Item 28

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2+ yours after death. Page 6 ma	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, is filed within 72 hours after death with the State Deot, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must
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1 - STATE REGISTRAR	OINTE OF IMA		ICATE OF		REG. N					
1. DECEDENT'S NAME (First, Middle, Las	O RAYMON	ND HOWARD I	OIINN		2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATH		
Raymond H. 1		TIO WILL I			11/2/91		TEAR	2028	R	
4. SOCIAL SECURITY NUMBER	(Moath Day Year						8. BIRTI	HPLACE (State or Fore	gn	
568-05-6036)36 1 72 YAS. MONTHS DAYS MOURS MIN. 10/26/:						PEN	INSYLVANI	Α	
9a. FACILITY NAME (If not inatitution, give	atreet and number)		9b. CITY, TOWN C	R LOCATION OF DE	EATH	9c. COU	NTY OF C	DEATH		
Washington	Adventist	Hospital	Takor	na Park		Mo	ntg	omery		
RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	VTY	10c, Cl	TY, TOWN OR LOCAT	ION				10d. INSIDE CITY		
Maryland P:	rince Geor	rge H	lyattsv:	ille				LIMITS?	0	
10e. STREET AND NUMBER			101	ZIP CODE		10g. CITI	ZEN OF	WHAT COUNTRY?		
914 Somerse	t Place		20:	783				U.S.A.		
11. MARITAL STATUS	12. WAS DECEDENT E				NIC ORIGIN? (Specify)	as or No-	14. RAC	E — American Indian	_	
1 Never Married 2 Married	FORCES? 1 [2 NO Specific	in, Puarlo Rican, atc.) by:		Spec	k, White, etc. offy:		
3 Widowed 4 Divorced							W	hite		
15. DECEDENT'S EI (Specify only highest gra	DUCATION ide completed)	(Give kind of	work done during mo		18b. KIND OF B	USINESS/INC	DUSTRY			
Elamentary/Secondary (0-12)	Collega (1-4 or 5+)	ille. Do NOT								
17. FATHER'S NAME (First, Middle, Last)	5+	PERSONN.	EL CLASS		CIA	. 0			_	
						n Sumame)				
HUGH DUNN 198. INFORMANT'S NAME (Type/Print)		105 MAII IN	ADDRESS (Street a	MABEL	JERVIS Route Number, City or To	Ctoto 7in	Codol		_	
HOWARD E. DUNN	(SON)		and the second		man and a second		100	20702		
20s. METHOD OF DISPOSITION 1A Burial 2 Cremation 3 Re		20b. PLACE OF DISPO			YATTSVILLI	OCATION —				
12 Buriel 2 Cremetion 3 Re	emoval from State	other place)								
21. SIGNATURE OF FUNERAL SERVICE	FUNERAL SERVICE LICENIA 22. NAME AND ADDRESS OF FACILITY									
FRANCIS J. COLLINS FUNERAL HOME, 500 UNIVERSITY BLVD., W. SIL.SPR.,										
IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) a. CAFE COROWARY - ASPHYMIA DUE TO (OR AS A CONSEQUENCE OF):								ACUT	27	
Sequentielly list conditione, If eny, leeding to immediate couse. Enter UNDERLYING										
CAUSE (Diseese or injury	C. DUE TO (OR AS A CONSEQUENCE OF):							- 		
resulting in deeth) LAST	unitation exemite									
	d,									
PART II. Other eignificent conditi	one contributing to de	eth but not resulting	in the underlyin	g cause given in	Pert I. 24a, WAS / PERF	ORMED?	24	b. WERE AUTOPSY FIN AVAILABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO	USE	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (C	heck only one)					
1 ☑ YES 2 ☐ NO		R/Outpatient 3 🗆 DOA	OTHER:	e 5 🗆 Raaldenca	8 Other (Specify)					
27. MANNER OF DEATH	28a. DATE OF IN. (Month, Day,			URY AT	28d. DEŞCRIBE HOV	V INJURY OC	CURED			
1 Natural 5 Pending 2 Accident trivestigatio	11 7	91 19		YES 2 1 NO	GHOCKE	D 0	w	F00 b		
3 Suicide 8 Could not I	building, atc	NJURY — At home, farm. (Specify)	atreet, factory, offic	4	281. LOCATION (Stree City or Town, Sta		r or Rural	Route Number,		
4 Homicide determined	9107	R16-6-5	48		RESTUR!	Turt	-			
and and	YSICIAN: To the best of my INER: On the bests of exem							(a) and manner as sta	tad.	
290. SIGNATURE AND TITLE OF CERTIF	HEN /	//	12	29c. LICENSE NU	MBEN	29d. DAT	E SIGNE	D (Month, Day, Year)		
Jeen a	(4/1	4/10	1	DAY	094	P	11/	8/91		
30. NAME, AND ADDRESS OF PERSON	WHO COMPLETED CAUSE	MATH (ITEM 27) (Typ	oe, Print)	1		_	170	-///		
FRANCIS (31. DATE FILED (Month, Day, Year)	MAYL	- 82000	UBCOM	SIN AVE	& BETT	1630	111	13208	14	
NOV 07 '01	Julia Da	ydson Randel	2							

(TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	1
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BALTIMORE, MARYLAND 21203-3146	O THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 2+-rouns after death. Page 6 may be retained by the hospital or attending physician.	page	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	OR A	DIRE	tem
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	10	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fill be filled within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to burial, cremation, or removal.	MP
	F	F 5	-

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

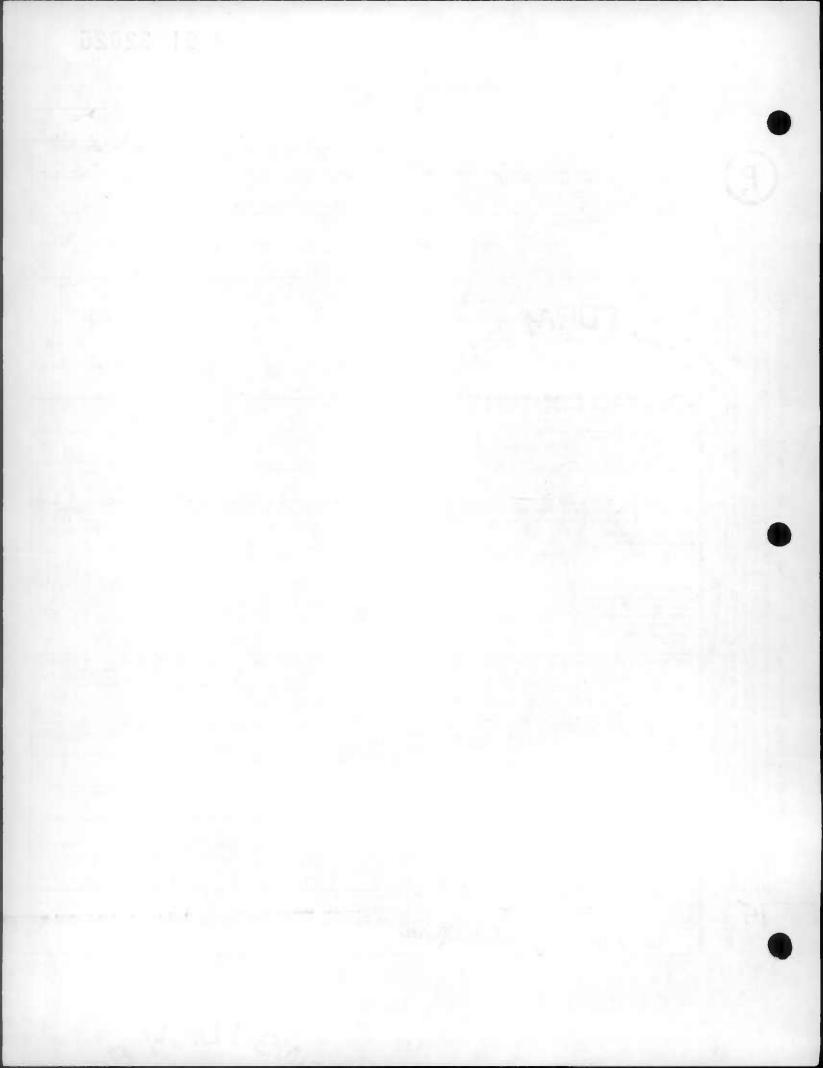
	FOR STATE REGISTRAR
ı	1. DECEDENT'S NAME (F
I	Charles R
I	4. SOCIAL SECURITY NU
l	220-14-26
I	9a. FACILITY NAME (If no
l	9325 Copen
١	RESIDENCE OF D
I	10a. STATE
I	Maryland
l	10e. STREET AND NUMB
١	0225 Cone

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE	0F	MARYLAND	/ DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE	
		C	ERTIFICATE	0	F DEAT	TH		REG. NO.	

REGISTRAR			<u> </u>	- MIIII	CALE OF	DEAL	п	REG. NO.			
1. DECEDENT'S NAME (First	t, Middle, Last)							2. DATE OF DEATH MDNTH DA	Y	YEAR 3.	TIME OF DEATH
Charles R.	Durbi	n III						Nov. 5, 19	91		11:54 a. M
4. SOCIAL SECURITY NUM	BER	5. SEX	B. AGE (In yrs. les		IF UNDER 1 YEAR	IF UNDER		7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPL. Country)	ACE (State or Foreign
220-14-2682	2	1 XXM 2 □ F	67	YRS.	MONTHS DAYS	HOURS	MIN.	Sept. 7,	1924		and
9a. FACILITY NAME (If not is	nstitution, give s	street and number)			9b. CITY, TOWN	OR LOCATIO	N OF D			TY OF DEAT	
9325 Copenh	aver D	rive			Potoma	C			Mont	gome	Y 3.7
RESIDENCE OF DE	CEDENT	, IIVC			TOCOMA				110111	-gome	L y
10a. STATE	10b. COUNT	Υ		10c. CITY,	TOWN OR LOC	ATION				10	d. INSIDE CITY
Maryland	Monte	romerv		Poto	omac					1	YES ZYNO
10e. STREET AND NUMBER					Y	of. ZIP CODE			10g. CITIZ	EN OF WHA	AT COUNTRY?
9325 Copen	harror	Drive				2085	/.		U.S.	Λ	
11. MARITAL STATUS	maver	12. WAS DECEDEN	IT EVER IN U.S. AS	MED	13 WAS DE			NIC ORIGIN? (Specify Yea			- American Indian,
1 Never Married 2	Married	FORCES?	XXYES 2 1	NO	If yes, s	specify Cubar	ı, Maxlei	en, Puerto Rican, atc.)	01110	Black, V	Vhita, etc.
₩ Widowed 4 Div	orced	WWII &			1 YE	s 2XXNO	Specif	ly:		Specify:	White
15. DE	CEDENT'S EDU			CEDENT'S I	USUAL OCCUPAT	ION		16b, KIND OF BUS	INESS/INDL	JSTRY	WILLEC
(Specify on	ly highest grade	e completed)	(C		ork done during r		9	100.11.11			
Elamentary/Secondary (0-12)	College (1-4 or 5	+)			- Am - 1	1	Common	A		
		4	ACC	counta	ant/Com			Contrac			
17. FATHER'S NAME (First, I								AME (First, Middle, Maiden	,		
Charles R.		ı II				Vir	gini	ia R. Dawso	n		
190. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (Stree	and Number	or Rural	Route Number, City or Tow	n, State, Zip	Code)	
Charles R.	Durbin	ı IV		3313 1	Floral	Ct. W	heat	ton, Maryla	nd 20	0902	
20a. METHOD OF DISPOSIT			20b. PLACE	OF DISPOSI	ITION (Name of o				CATION — C		, Stata
1 Donation 5 Othe		noval from Stata	Motro		tan Cre	mator	17	11-	van d-	cio	Virginia
21. SIGNATURE OF FUNER		DENSEE	Hetro	POTT		AND ADDRES			exetitat.	la,	AILBIIITA
1 5	- 1	1						De Vol	Funer	ral H	ome
	to	ell	M(00896	10 E	. Dee	r Pa	ark Dr. Gai	thers	sburg	. MD 20877
iMMEDIATE CAUSE (Fi dicease or condition reculting in death)	→	a. DUE TO	OR AS A CONSE	QUENCE OF	and	creo	7.	lorosis			104
Sequantielly list condi		DUE TO	(OR AS A CONSE	QUENÇE OF):		-				1
if any, leading to imme ceuse. Enter UNDERLY			of Con	222	All towns	The		- bocar		7	1/2
CAUSE (Disease Dr inj that initiated events	ury	DUE TO	(OR AS A CONSE							•	1
resulting in death) LAS	ST				V						
	-	d									
PART ii. Other eignific	ant condition	ne contributing to	death but not	resuiting i	n tha undarly	ing ceuse (givan ir				FRE AUTOPSY FINDINGS
	Hus	nestee	eneri.					PERFO		C	WAILABLE PRIDR TO COMPLETION OF CAUSE
	M		bertun	1 -	0	/	1	1 TES	XXNO		F DEATH?
-	Capra					- many		reg		1 '	YES 2 NO
11000		conoru	NC 01	57C	edde	1					
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:				PLACE OF D	EATH (C	heck only one)			
1XXYES 2 □ NO			☐ ER/Outpatient	3 DOA	OTHER: 4 - Nursing H	oma 5XXR	sidence	6 Other (Specify)			
27. MANNER OF DEATH		28a. DATE O	F INJURY Day, Year)	26b. TIMI		NJURY AT		28d. DESCRIBE HOW	NJURY OCC	CURED	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Pending Investigation		Jay, Ibaij	ING			NO	- 4			
2 Accident 3 Suicide		26a. PLACE	OF INJURY — At h	ome, farm, s	street, factory, of	fica		26f. LOCATION (Street		or Aural Aou	ite Number,
4 Homicide	Could not be determined	building	, atc. (Specify)					City or Town, State			
20- CERTIFIED										_	
CONTOUR ONLY ZIZZ	TIFYING PHYS	SICIAN: To the best of	if my knowledge, d	eath occurre	d at the time, d	ata and place	, and du	ia to the cause(s) and ma	nnar as atst	ed.	
one) 2 ME	DICAL EXAMIN	IER: On the beals of	examination and/or	Investigatio	n, in my opinion	, death occu	red at th	a tima, data and placa, a	nd due to th	a cause(s) a	and manner se stated.
290. SIGNATURE AND TITL	E QE ₂ CERTIFIE	ER .				29c. LIC	ENSE NU	JMBER	29d. DATI	E SIGNED (A	Wonth, Day, Year)
/	120	200	7	- 0		95	65	3115	▶ N.	(1001
30. NAME AND ADDRESS	OF PERSON W	HO COMPLETED CA	SE DE DEATH AT	FM 27) (5ma)	Print)	1 1	00	140	No	ov. 6	, 1991
		1/				1	4	36 3	0051		
Stephen N.				Mill	Rd. Ro	ckvil	le,	Maryland 2	16802		
31. DATE FILED (Month, Day		32. REGIST	MINOR WAR	delle							
NOA 08.	31	A CONTRACTOR	or fateral and	-							

DHMH-16 Rev 1/89



31. DATE FILED (Month, Day, Year)
NOV 08 91

32 REGISTRAR'S SIGNATURE

		FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTI			TAL HYGIENE REG. NO.	
		1. DECEDENT'S NAME (First, Middle, Last, Elsie Marie Nil				2. E	DATE OF DEATH DAY	3. TIME OF DEATH 91 12:22 D
P		4. SOCIAL SECURITY NUMBER 220-46-6997	5. SEX 6. AGE (In yr	"	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. 7. D	ATE OF BIRTH Month, Dey, Year) Cch 23,1898	6. BIRTHPLACE (State or Foreign Country) Washington, D.
ю С	TOR	9a. FACILITY NAME (If not institution, give 5310 Acacia Ave RESIDENCE OF DECEDENT		9	Bethes	da		nty of DEATH
t. Pages 1,	DIRECTOR	10a. STATE 10b. COUN	tgomery		nown on Local	FION		10d. INSIDE CITY LIMITS? 1 🔀 YES 2 🗌 NO
physician. bunal-transit permit. Pages	ERAL	100. STREET AND NUMBER 5310 Acacia Avenu	e		101	20814	10g. CIT	U.S.A.
ing the	BY FUNER	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO	If yes, sp	CENDENT OF HISPANIC OF ecity Cuben, Maxican, Pur 2 NO Specify:	RIGIN? (Specify Yea or No — arto Rican, atc.)	14. RACE — American Indian, Black, Whita, atc. Specify: White
al or for u	PLETED	15. OECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		Give kind of wor life. Do NOT use if	k done during mo retired.)		Own Home	DUSTRY
by the be det	BE COMPL	10 17. FATHER'S NAME (First, Middle, Last) Patrick T. Nil	and	nomemak	cer		OWN HOME irst, Middle, Malden Surname) OONAN	
be retained le 5 should le 5 should le 5 notified	TO B	19a. INFORMANT'S NAME (Type/Print) Mary C. Daly	(Daughter)	19b. MAILING AI 5310 A	Cacia	Avenue, Bet	Number, City or Town, State, Zip.	20814
age 6 may be director, page 9		20gr. METHOD OF DISPOSITION 1 1 Burial 2 Cremation 3 Ra 4 Donation 5 Other (Specify)	noval from Stata of cem Par	ACE AND DATE Of etary, crematory or klawn Me	other place) emorial	Park 1	l-11 Rockvil	City or Town, Stata
death. P tuneral		21. SIGNATURE OF FUNERAL SERVICES	Nelson		Josep		Sons, Inc. Ave., Wash. 1	
within 24 hours at pletely filled in by cremation, or remement, the medic		23. PART i. Entar the diseases, br shock, br heart fellure IMMEDIATE CAUSE (Final disease or condition resulting in death)	. List only one cause on each	iina.	t anter tha mo	oda of dying, such aa		rest, Approximata Interval Batwasi
th certificate be execu- ending physician and Hyglene prior to bur or other traumatic	CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST	b. A COOR AS A CO	INSEQUENCE OF):		ardiovas	wlar Dis	ease
requires that the deen signed by the of Health and Meshows any injur	MEDICAL	PART II. Other significant condition	Discontributing to death but December 1		tha undarlyin	g causa givan in Part	1. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 M NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
The ate C	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	LACE OF DEATH (Check o	***	
PHYSICIA this certification with the rrked, or	BY PHYS	27. MANNER OF DEATH 1 Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 26c. IN	JURY AT 25c ORK? YES 2 NO	I. DESCRIBE HOW INJURY OC	CURED
TTENDI TOR: A after d	TED	2 Accident 3 Suicide 6 Could not b 4 Homicide detarmined	26s, PLACE OF INJURY -	At home, farm, str	eet, factory, offic	281	LOCATION (Street and Number City or Town, State)	r or Rural Route Number,
国政党	COMPLE	onel	SICIAN: To the beat of my knowledge.					
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	TO BE C	296. SIGNATURE AND TITLE OF CERTIF	tannington,	m.O.		29c. LICENSE NUMBER	15 296. DA	TE SHOWED (Morth, Day, Year)
25		Lee R. Penning	ton, M.D., 5602	Shield	orint) s Drive	, Bethesda	, MD 20817	

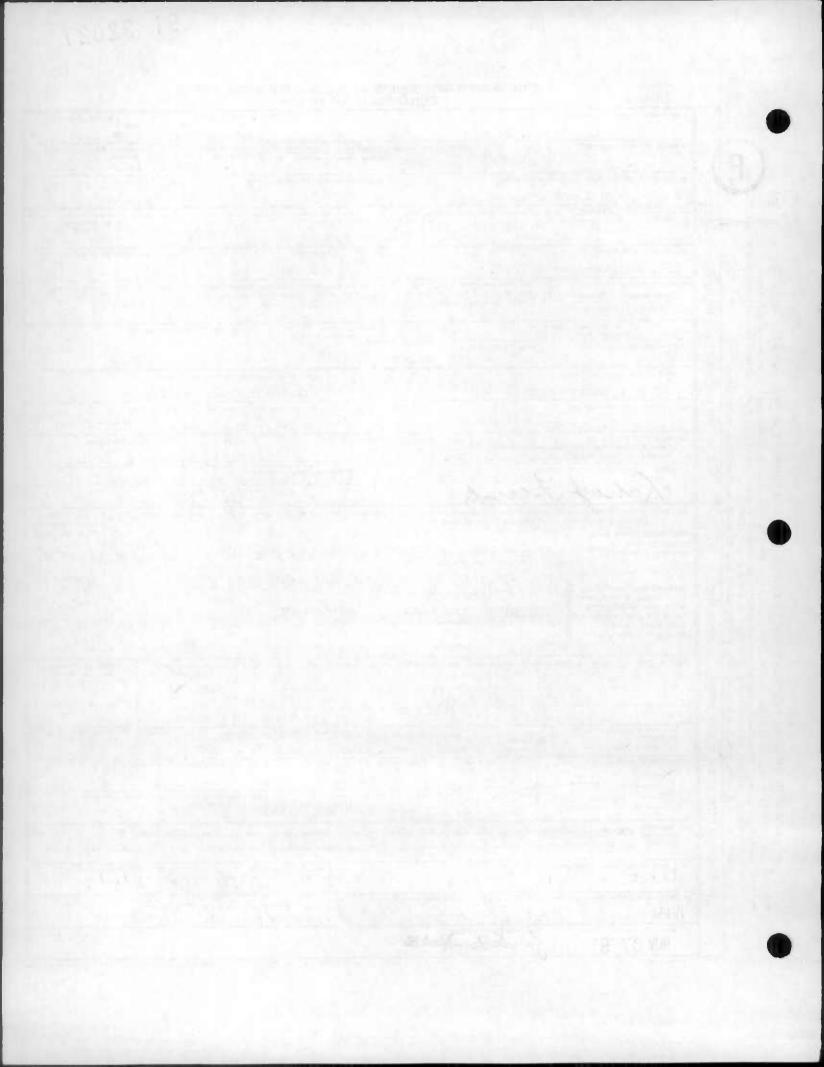
DHMH-18 Rev 1/89

BALTIMORE, MARYLAND 21215-0020	lours after death. Page 6 may be retained by the hospital or attending phys	d in by the funeral director, page 5 should be detached for use as the burit or removal.
	24 1	fille ion,
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending phys	ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burishours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	FICATE (OF DEATH	REG. NO	D.	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH	DAY YE	3. TIME OF DEATH
		s B. Deete				November		
1	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday)			7. DATE OF BIRTH (Month, Day, Year)	8. E	SIRTHPLACE (State or Fore
)	578-05-6821A	1 🔀 M 2 🗌 F	94 YRS.	MONTHS DA	AYS HOURS MIN.	Sept. 21,	1897 P	ennsylvani
~	9e. FACILITY NAME (If not institution, give			9b. CITY, TO	WN OR LOCATION OF D	EATH	9c. COUNTY	OF DEATH
CTOR	Randolph Hills N	Jursing Hom	е	Wh	eaton		Mont	gomery
200	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	TY	10c CI	TY, TOWN OR L	OCATION			
DIRE	Maryland Mont	gomery		lver S				10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	<u> </u>	- 02	TVCI D	101. ZIP CODE		1 40- 01717511	1 YES 2 X N
FUNERAL	3563 Leisure Wor	ld Blvd.			20906			d States
Z	11. MARITAL STATUS	12. WAS DECEDENT EV		13. WAS		NIC ORIGIN? (Specify Ye		RACE - American Indian
BY F	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 X		It ye	s, specify Cuben, Mexic YES 2 & NO Speci	en, Puerto Ricen, etc.)		Black, White, etc. Specify: White
60	15. DECEDENT'S EDU	JCATION	180. DECEDENT'S	I IISUAL OCCU	PATION	165 PUID OF BU	100000000000000000000000000000000000000	
ETE	(Specify only highest grade Elementary/Secondery (0-12)	e completed)	(Give kind of life. Do NOT u	work done durin	g most of working	16b, KIND OF BU	ISINESS/INDUST	RY
7	8	College (1-4 or 5 +)	Sales			Printi	ng Compa	any
COMPL	17. FATHER'S NAME (First, Middle, Last)				18 MOTHER'S N	AME (First, Middle, Melder		any
ш	Charles Emery D	eeter				Bridget Se		
8	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	G ADDRESS (St		Route Number, City or Too		0)
5	Dolores D. Bosle	r				Germanto		
	20e. METHOD OF DISPOSITION		20b. PLACE AND DATE				OCATION — City of	20874
	1 ☐ Buriel 2 ☐ Cremellon 3 ☐ Rem 4 ☐ Donetion 5 ☒ Other (Specify) En		comptent comptent or	other place!				, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LI		10. 22.100	22. NAM	E AND ADDRESS OF FA	VCILITY		
	* Kahent	Farral	M00198	300 300	rt A. Pump West Mon	hrey Funer tgomery Ay	ral Home	/Rockville
RTIFICATION	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated avants resulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE OF AS A C	HAGIT PI: DE	HEMORRA US / REFL ULNTIA	-UK		YEAR
IL CE	PART II. Other significant condition	ns contributing to dea	th but not resulting	In the undar	iying cauae givan in	Part i. 24s. WAS AF	AUTOPSY	24b. WERE AUTOPSY FINE
: MEDICAL						PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CA OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			9:	6. PLACE OF DEATH (Ch	eck only one)		
Sic	EXAMINER?	HOSPITAL:	Outpatient 3 DOA	OTHER:	Home 5 Residence			
H	27. MANNER OF DEATH	28e. DATE OF INJU	JRY 28b. TIN	E OF 28c	INJURY AT	28d. DESCRIBE HOW	INJURY OCCURE	D
BY P	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Ye	IN.	M 1	WORK?			8 3 A
	3 Suicide 8 Could not be	25e. PLACE OF INJ building, etc.	JURY — A1 home, ferm,	elree1, factory,	office	281, LOCATION (Street		ral Route Number,
	4 Homicide determined	Canaring, etc. (op.comy)			City or Town, State		
PLE	290. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the beat of my k	nowladge, death occurr	ed at the time,	date end plece, end due	10 the ceuse(e) end ma	nner ee ateted.	
COMPL	one) 2 MEDICAL EXAMINE	R: On the basis of exemin	nation and/or investigation	on, in my opinio	on, death occured at the	time, date end place, er	ad due to the cou	se(e) end menner ee sta
BE C	296. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NUI			NED (Month, Day, Year)
	Meetin - 8	has & t	0		Dat	944	> //	15/5
임	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	F DEATH (ITEM 27) (Type	, Print)	7720 00	111	- 411	19111
	MAKTIN C. SH	ALGLE	MD		Kensing	Jan 2	202	
	31. DATE FILED (Month, Day, Year)	2. REGISTRAR'S	SIGNATURE		700.700	, , , ,	-00 /	4
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_	REGISTRAR		CERTIF	ICATE OF	DEATH) MICH I	REG. NO.	C.		
	1. DECEDENT'S NAME (First, Middle, Last		2-11	4 4 4		2. DAT	E OF OEATH	Y _	YEAR 3. TIME	OF DEAT
	4. SOCIAL SECURITY NUMBER	Y I, J	(In yrs. last birthday)	N5		11		8-3	1/ /6	243
	577.20-70-	S. SEA B. AGE	68 YRS.	MONTHS DAYS	HOURS MIN.	(Moi	E OF BIRTH oth, Day, Year)		8. BIRTHPLACE (S Country)	
1	ga. FACILITY NAME (If not Institution, give		00 1113.	OF OTTY TOWN	OR LOCATION OF		.18,192		WASHINGT	ON,
a:	111/	. 11				DEATH			TY OF DEATH	
DIRECTOR	HESIDENCE OF DECEDENT	duentist the	2201791	TAKOMA	PARK			M	ONTGOMER	<u>Y</u>
R	10e. STATE 10b. COUN	TY	10c. CITY	Y, TOWN OR LOCA	TION				10d. INS	
		INCE GEORGE'S	S C	OLLEGE	PARK				1 TYE	5 2 1
FUNERAL	10e. STREET AND NUMBER			10	H. ZIP CODE			10g. CITIZ	EN OF WHAT COU	NTRY?
N.	5807 GOUCHER DRI				2074	40			USA	
F	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER I FORCES? 1 X YES	2 NO	13. WAS DE	CENDENT OF HISP pecify Cuban, Mex	ANIC ORIG	IN? (Specify Yea	or No-	14. RACE — Ameri Black, White, e	en India
ВУ	3 Widowed 4 Divorced	WW TT	DATES		S 2 X NO Spe		rinali, ato.)		Specify.	
E	15. DECEDENT'S ED	UCATION	16a. DECEDENT'S	USUAL OCCUPATI	ON	14	b. KIND OF BUS	INTERRUPTED UNION	WHITE	
	(Specify only highest grad	College (1-4 or 5+)	(Give kind of w life. Do NOT us	vork done during m	ost of working	10	O. KIND OF BUS	INESS/INDU	SIRY	
AP L		3	BANKER							
COMPLET	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S	NAME (First,	Middle, Maiden S	Sumeme)		
ш	MAURY DEAKINS	DATE TO SERVICE			ELIZA		MILLS			
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Run				Code)	
F	FRANCES K. DEAK	INS (WIFE)		OUCHER 1					LAND 20	7/.0
	20e. METHOD OF DISPOSITION 1 XBurlei 2 Cremation 3 Res	movel from State 20t	. PLACEAND DATE O	F DISPOSITION /N		DA			Ity or Town, State	740
	4 Donation 5 Other (Specify)	06//	GEORGE W		ON	111			MARYLA	NTD.
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE ()		22. NAME A	ND ADDRESS OF	FACILITY				
	NV1 X	. 71 1/		500 III	ITUFPETT	וום סי	D TUNER	AL HO	OME, INC	
	23. PART i. Enter the diseases, or	complications that cause	d tha death. Do n	ot enter the mo	da of dying, at	ich aa ca	rdiac pr respir	atory arra	st. An	209
	immediate Cause (Final	. Liat only one cause on e	each lina.						inte	rval B
	disease or condition resulting in death)	ACUTE M	YUCARN.	IAL INT	FARCT	Inn			/	
		DUE TO (OR AS A	CONSEQUENCE OF):						
Z	Sequentially list conditions,	COCONARY	ARTES	27 DI.	SEASE					
CATION	if any, leading to immediate cause. Enter UNDERLYING		CONSEQUENCE OF							
10	CAUSE (Disease or injury	CARDIOG	CONSEQUENCE OF	21700	K				8	244
ERTIF	that initiated avants resulting in death) LAST	d. TRENAL							-	
CE		d. MENTE	- AIC	LUKE	•				8	1146
CAL	PART II. Other significant condition	ns contributing to death b	out not resulting Ir	the underlyin	g cause givan i	n Part I.	24e. WAS AN A		24b. WERE AUT	OPSY F
DIC							PERFORM		COMPLETE	ON OF
ME								2 110	1 TYES	
						7.0%				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	uosn		26. Pt	ACE OF DEATH (Check only o	ne)			
YSI	1 TYES 2 NO	HOSPITAL:		OTHER: 4 Nursing Hom	e 5 🗆 Realdence	8 Oth	er (Specify)			
PH	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJ		1	SCRIBE HOW IN	JURY OCCU	IRED	
ВУ	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO					
	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Spec	- At home, lerm, at	reel, inclory, offic	•	28f. LOC	CATION (Street and or Town, State)	d Number or	Rural Route Number	N,
	4 Homicide determined					Oity	State)			
PL	29a. CERTIFIER (Check only	ICIAN: To the beat of my knowl	ledge, death occurred	i at the lime, date	and place, end du	e io ihe ce	use(a) and mann	er ee stated		
COMPLETED	one) 2 MEDICAL EXAMIN	ER: On the basis of examination	n end/or investigation	, in my opinion, d	eath occured at th	e time, date	end place, and	due to the	cause(a) and mann	or on a
w I	206. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NI				SIGNED (Month, Da	
0	Jose & Kongy	& ma			D16				-5-	
9	30. NAME AND ADDRESS OF PERSON WA	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, I	Print)				, ,	-	1
	JAMES, A. K	CONAN Ja	h.D							
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA		2						
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must examiner medical the traumatic event, to burial, other 0 the atter injury, Health and any Shows has been s Dept. of H n 23 shov this certificate h Item 5 marked, After ti 60 FUNERAL DIRECTOR: within 72 hours after Item 28 IMPORTANT: If

1. DECEOENT'S NAME (First, Middle, Last) 2. OATE OF OEATH 3. TIME OF OBATH November cohert AM 4. SOCIAL SECURITY NUMBER 5 SEX 8. AGE (In yrs. last birthday) 7. OATE OF BIRTH (Month, Day, Year) MAY 15, 1926 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign HOURS NEW YORK 129-16-1238 1 M 2 F 65 YRS 9a. FACILITY NAME (If not institution, give etreet and number 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF OFATH DIRECTOR SUBURBAN HOSPITAL BETHESDA MONTGOMERY RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND MONTGOMERY ROCKVILLE 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? 11515 PATAPSCO DRIVE 20852 USA 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMEO FORCES? 1 ∑ YES 2 ☐ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yae or No-it yes, specify Cuben, Mexican, Puerto Ricen, etc.) 14. RACE — American Indian, Black, White, etc. 1 Naver Married 2 Married BY 1 YES 2 NO Specify: 3 Widowed 4 Divorced WWII WHITE COMPLETED 15. OECEDENT'S EDUCATION (Specify only highest grade complete 18e. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KINO OF BUSINESS/INDUSTRY Elamentary/Secondary (0-12) College (1-4 or 5+) SALES RESTAURANT SUPPLY 17. FATHER'S NAME (First, Middle, Laet) t6. MOTHER'S NAME (First, Middle, Meiden Sumerne) JOHN J. DOHERTY BE MARY CORCORAN 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 MARION T. DOHERTY (WIFE) 11515 PATAPSCO DRIVE ROCKVILLE, MARYLAND 20852 20a METHOO OF DISPOSITION
1 & Buriet 2 Cremetion 3 Ramoval from State
4 Donation 5 Other (Specify) 20b. PLACE AND OATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State ARLINGTON NATIONAL 1/12 ARLINGTON, VIRGINIA 21. SIGNATURE OF FUNERAL SERVICE CICENSTE 22. NAME AND ADORESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W. SIL.SPR., MD. 20901 23. PART I. Enter the diseases, or copplications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock or heart failure. List only one cause on each line. intervel Between IMMEDIATE CAUSE (Finel Onset and Deeth diseese Dr condition OUE TO FOR AS A CONSE resulting in death) drawind (2 CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente OUE TO (OR AS A CONSEQUENCE OF): recuiting in deeth) LAST PART ii. Other significent conditione contributing to death but not resulting in the underlying ceuse given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMEO? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER?
1 YES 2 NO 28. PLACE OF DEATH (Check only one) HOSPITAL:
Inpatient 2 - ER/Outpatient 3 - DOA OTHER: 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF OEATH 28e. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending Investigation м 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, term, street, fectory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide daterminad CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner as stated. MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, dash occured at the time, data and piece, and due to the cause(s) and manner as stated. BE 29C LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, 5123 2 30. NAME AND ACORESS OF PERSON WHO COMPLETED CAUSE OF CEATH (ITEM 27) (Type, Print) PETER PUSHKAS. MD 11510 OLD GEORGETOWN RD. ROCKVILLE, MD. 20852 31. OATE FILED (Month, Day, Year) A. REGISTIAR'S SIGNATURE TO LANGUE 199 NOV 1 0

HOSPITAL DR ATTENDING PHYSICIAN: The law

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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T .	, Last)					2.	REG. NO			3. TIME OF DEATH
	GALLOWAY			DAVI	S		MONTH 11	707 1	9591	9:30 A
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		DATE OF BIRTH (Month, Day, Year)		8. BIRTI	PLACE (State or Foreign
9447-44-9987	1 □ M 2 💢 F	52	YRS.			0	ct. 13,	1939	E1k	City, Okl
5011 Nahant	Street			SUMNE	OR LOCATION OF	DEATH			TGO	MERY
Maryland Mo	ontgomery			y, town or loca	TION					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
5011 Nahant St	reet			10	1. ZIP CODE 20816			10g. CIT		WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merrie 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. ARM 1 YES 2 X NO WAR OR DATES	MED O	If yes, sp		icen, Pi	ORIGIN? (Specify Yeu uerto Rican, etc.)		14. RACE Black Speci	E — American Indian, k, White, atc.
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12	5+		inis	trator			Religio	ous E	duca	tion
17. FATHER'S NAME (First, Middle, L	*		-				First, Middle, Maiden			
Gordon Gallow 190. INFORMANT'S NAME (Type/Prin	V				Vinita					
Gorgon H. Mun							Number, City or Tow			
20e. METHOD OF DISPOSITION				O. JOEN		- (maha, Ne	ebras		
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	s, or complications the llura. List only one cau	at causad the dea	ith. Do n	2222 not anter the mo	Wiscons de of dying, au	in ich as	Avenue,	NW,	WDC reat,	Approximata interval Batwe
23. PART i. Errer the disease lock, or heart fa iMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST	a. Acute Due to Due to	at caused the deause on each line. and Christopher of OR AS A CONSEOU (OR AS A CONSEOU (OR AS A CONSEOU (OR AS A CONSEOU	CONIC UENCE OF	alcoho	de of dying, au	in	Avenue, cardiac or raapi	NW,	WDC reat,	Approximata
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attent	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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32031 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH A DAY 05 Albertina D. DiMonte 1991 4:00 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 577 42 5680 82 DAYS HOURS 1 M 2 X F Italy 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Mitchellville P.G. Villa Rosa Nursing Home DIRECTOR RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY. TOWN OR LOCATION 10d. INSIDE CITY MD SILVER SPRING Montgomery 1 YES 2 NO 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 508 FAIRHILL DRIVE 20904 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, atc. If yee, specify Cuben, Mexican, Puerlo Rican, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merried WHITE 3 🕅 Widowed 4 🗌 Divorced 16a. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) 10 SEAMSTRESS RETAIL CLOTHING 17. FATHER'S NAME (First, Middle, Last) GIUGLIO BELLECCHIO LAURA 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MARIA C. DIMONTE (NIECE) 508 FAIRHILL DRIVE, SILVER SPRING, MARYLAND 20904 20e. METHOD OF DISPOSITION

1 W Burlel 2 Cremation 3 Removal from State
4 Donellon 5 Disposition 20b. PLACE AND DATE OF DISPOSITION (Name DATE 20c. LOCATION — City or Town, State GATE OF HEAVEN CEMETERY 11/7 SILVER SPRING, MARYLAND Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE 22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W., SIL. SP., MD 20901 Enter the disease or complications that caused the deshock, or hear failure. List only one cause on each line. or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, Approximate intervei Between IMMEDIATE CAUSE (Final Onset and Deeth diseese or condition Atherosclerosis Cononany resulting in deeth) CERTIFICATION Sequentielly liet conditions. DUE-TO (OR AS A CONSEQUENCE OF) if any, leeding to immediate andiac an ceuse. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): thet initieted events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO 26. PLACE OF DEATH (Check only one, 25. WAS CASE REFERRED TO MEDICAL HOSPITAL: OTHER:
4 Nursing Home 5 Residence 8 Other (Specify) 1 TES 2. NO 27, MANNER OF DEATH 28a, DATE OF INJURY 28c, INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending 1 YES 2 NO BΥ 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 3 Suicide 281, LOCATION (Street end Number or Rural Route Number, City or Town, State) ETED. a Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the ceuse(e) end menner ee atated. COMPL

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
RAICESH ARORA, MD 14300 GALLANT FOX LN BOWIE MD 2

2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(e) and manner as stated.

29c. LICENSE NUMBER

D20108

DHMH-16 Rev 1/89

29d. DATE SIGNED (Month, Pay, Year)

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P	al d	
TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6	IOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct	
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TEN	DR:	ffer

1 - FOR STATE REGISTRAR		STATE OF MAR	YLAND /	DEPARTM	MENT OF H	HEALTH AND	MENT	AL HYGIE				
1. DECEDENT'S NAM		JEAN-MARIE			DARRUZ		2. DAT MON	E OF DEATH	DAY	YEAR 9]	3. TIME OF DEAT	гн
4. SOCIAL SECURITY 256-08-2 98. FACILITY NAME (2257	1 🔀 🗶 2 □ F	GE (In yrs. last	YRS. MO	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DAT. (Moi Sep	E OF BIRTH oth, Day, Year)	,1954	8. BIRTH Count	is, France	oreign
3912 MI	ERTFORD			90		NGTON	PEATH			TGO1	MERY	
		tgomery		_	own on Loca antown						10d. INSIDE CITY LIMITS? 1 YES 2XX	
100. STREET AND NO. 10415 Wat 11. MARITAL STATUS 1 X XNever Married	tkins Roa			, , , ,	2	. ZIP CODE 20874			U.S	A.	WHAT COUNTRY?	
3 Widowed 4	2 Married	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 X NO		If yes, sp	ENDENT OF HISPA ecify Cuban, Maxic 2XXNO Speci	an, Puarto	IN? (Specify Rican, atc.)	Yea or No—	t4. RACE Black Speci	E — American India k, Whita, atc. ity: White	in,
(Spe Elamentary/Second 17, FATHER'S NAME (5. DECEDENT'S EDU city only highest grade dary (0-12)	Cation completed) College (1-4 or 5+)	(Give	e kind of work Do NOT use re		ON st of working			BUSINESS/IN			
17. FATHER'S NAME (First, Middle, Last)		Cal	penter		18. MOTHER'S N.				111		
						Felipa				107		
100 INFORMANT'S N			19b.	MAILING AD	DRESS (Street a	nd Number or Rural						
Glenn F.	Campbell					Road G						
20a. METHOD OF DIS 1 Burlel 2 XIXCT 4 Donation 5	POSITION emation 3 Ram Other (Specify)		20b. PLACE AN	ND DATE OF D	ISPOSITION (Na	me of	11/1	TE 20c. I	LOCATION —	City or To		a
21. SIGNATURE OF FI	UNERAL SERVIPE LIE	- Contraction of the Contraction			22. NAME AI	ID ADDRESS OF FA	ACILITY	De Vo	1 Fund	eral		
immediate CAUS idisease or condition resulting in dasth Sequantisity list of if any, lesding to cause. Entar UND CAUSE (Disease of that initiated even resulting in death	conditions, immadiate ERLYING or its	a. Acute	S A CONSEQU	JENCE OF): Olini JENCE OF):							Approximi Intarval Be Onaet and	etweer
PART il. Other alg	nificant condition	s contributing to deat	h but not res	suiting in th	ne underlying	g causa given in	Part i.	PERF	AN AUTOPSY DRMED? 2 NO	24b.	WERE AUTOPSY FIL AVAILABLE PRIDE COMPLETION OF C DF DEATH?	AUSE
25. WAS CASE REFEREXAMINER?		HOSPITAL:			HER:	ACE OF DEATH (C)		-/				
25. WAS CASE REFER EXAMINER? 1X XES 2 P 27. MANNER OF DEAT 1 Natural 2 Accident		1 □ Inpatiant 2 □ ER/C 28a. DATE OF INJUI (Month, Day, 1) 10/22/91	av I	2:01p	26c. INJ	RK?	28d. DE	SCRIBE HOV	SCENI			
3 Suicide 4 Homicide	8 XXCould not be datarminad	28a. PLACE OF INJU- building, atc. (S Unknown	JRY — At home				28f. LO	CHOWN (Street or Town, State CHOWN	et and Number te)	or Rural R	loute Number,	
29a. CERTIFIER (Check only one) 27	CERTIFYING PHYSI	CIAN: To the best of my kr	nowledga, daat	h occurred at	tha time, data my opinion, d	and place, and dur	to the ca	use(a) and m	anner as state	ed.) and manner as st	ated.
3 Suicide 4 Homicide 29s. CERTIFIER (Check only one) 275	TITLE OF FEHTURES	ee M				O . C . M	MBER		29d. DAT	E SIGNED	(Month, Day, Year)	
31. DATE FILED (MONTH)	V LOCKI	COMPLETED CAUSE OF	11	11 N.		STREE	Г ВА	LTIM			LAND 2	120

		REGISTRAR		CERTIF	ICATE OF	DEATH		REG. NO.		
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE (OF DEATH	VEAD 3.	TIME OF DEATH
		ELFLORA 4. SOCIAL SECURITY NUMBER		EBELING			11.	- 6-	91	6 A, M
	1		5. SEX 6. A	GE (In yrs. last birthday)	MONTHS DAYS	HOURS MIH.	7. DATE O	Day Year)	8. BIRTHPL/ Country)	ACE (State or Foreign
.pinoqiq.		215-46-2384 9a. FACILITY NAME (If not Institution, give		88 YRS.			DEC.	31, 1902	VIRG	GINIA
: E	/cc					OR LOCATION OF D	EATH		TY OF DEAT	
2.	ECTO	2005 FRANWALL	AVENUE		WHEAT	ON		MO	NTGOM	IERY
Pages	350	10e. STATE 10b. COUNT	Υ	10c, CI	TY, TOWN OR LOCA	TION			10	Od. INSIDE CITY
	DIR	MARYLAND MON	TGOMERY		WHEATON					LIMITS?
permit.	AL	10e. STREET AND NUMBER			10	f. ZIP CODE		10g. CITIZ		AT COUNTRY?
n. Insit	ER	2005 FRANWALL	AVENUE			2090	2		USA	
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5-0020 nding physic s the burial	ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 Y	R DATES	If yes, sp	octty Cuban, Mexico 24 NO Specific	n, Puerto Ri	can, etc.)	Black, W Specify:	WHITE
endin as th	ED E									
212	ETE	15. DECEDENT'S EDU (Specify only highest grade	completed)	(Give kind of life. Do NOT u	Work done during me	ON ost of working	16b. l	(IND OF BUSINESS/INDU	ISTRY	
D 2	12	Elementery/Secondery (0-12)	College (1-4 or 5+)	HOMEMA						
AND the hospit detached	COMPL	17. FATHER'S NAME (First, Middle, Last)	4	HOPIEMA	KEK					
2 8 8 E			SADORE DEVI	NE				ddle, Maiden Surname)		
retained l	BE	19a. INFORMANT'S NAME (Type/Print)	SADURE DEVI		Anness (Street			GNES CARRO		
E 10 =	2	CARROLL E. CUMMI	NGS (DAUGHT					TON, MARYL		20002
may be or. page		20e. METHOD OF DISPOSITION		20b. PLACE AND DATE			DATE			
0 6 8		1 Donation 5 Other (Specify)	toval from State	METROPOL	ther place)	MATODV	DATE	ALEXANDR		
Pag Pag		21. SIGNATURE OF FUNERAL SERVICE LI	COMMENT /	TILIKOTOL			CILITY			
after death. Pag y the funeral dis noval.		15 SV 110	48 8					FUNERAL H		
0 - 0		23. PART I. Enter the diseases, pr	un					D., W., SI		, MD 2090
ted within 24 hours after completely filled in by the ial, cremation, or remove: event, the medical		ehock, Dr heert fellure. IMMEDIATE CAUSE (Final disease Dr condition recuiting in deeth)	e. arter	n eech line.	eroti	0		disease		Approximeta Interval Between Onset and Deeth
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nding ph Hygiene	RTIF	thet initieted evente resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE O	F):					
th c Hy	1 111 3	resulting in death) LAST	d							
the death the atte Mentai	2	PART II. Other significent condition	ns contributing to deet	but not resulting	in the underlying	Cause given in	Part I	4a. WAS AN AUTOPSY	DAN WE	RE AUTOPSY FINDINGS
res that the dea igned by the att ealth and Menta	EDICAL					, g		PERFORMED?	AVA	AILABLE PRIDR TO
Sign (S								YES 2 NO		DEATH?
been show	Ξ.						-		1 [YES 2 NO
CVITAL RESICIAN: The law requestificate has been the State Dept. of the 23 sho	SICIAN:	25. WAS CASE REFERRED TO MEDICAL			28 PI	ACE OF DEATH (Ch	not ontrone			
VIIAL AN: The law tificate has e State Dep	SS	EXAMINER?	HOSPITAL:	extractions 2 🗆 DOS	OTHER:	1			-	
PHYSICIAN: The this certificate ha with the State D	H	27. MANNER OF DEATH	28a. DATE OF INJUR			6 5 Residence				
NG PHYSIC fler this cer eath with th	∆ b	1 Natural 5 Pending	(Month, Day, Year		URY WO	RK?	28d. DESC	RIBE HOW INJURY OCCU	RED	
NDING F C After death	0	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJU	RY — A1 home, farm,			284 LOCAT	ION (Change and March	0 -10 -	
OR ATTENDING POPERTORS After Phours after death Item 28 is mar		4 Homicide 6 Could not be	building, etc. (S	pecify)	and on the control of the control		City or	ION (Street and Number of Town, State)	HUIBI HOUTE	Number,
OR ATTEN DIRECTOR: hours after item 28 i	PLE	29e. CERTIFIER								
E AC =	MP	(Check only one) 2 MEDICAL EXAMINE	CIAN: To the beet of my kn	tion and/or immediates	ed at the time, date	and place, and due	to the cause	(a) and manner as stated		
HOSPITAL FUNERAL Within 72	COM		R: On the basis of axamins	non and/or investigation	m, in my opinion, a	eath occurad at the	lime, date a	nd place, and dua to the	ceuse(a) and	d menner as stated.
THE BEE	B	296 BIGHATURE AND TITLE OF CERTIFIES	buert.	at M	1.	29c. LICENSE NUM	IBER	4 4		onth, Day, Year)
2 6 3 ₹	2	30. NAME AND ADPRESS OF PERSON WH	July 1		4	0121	21	1//	-6-	71
6		GEORGE F. SEN				RIVE WH	FATON	, MARYLAND	2000	6
		31. DATE FILED (Month, Day, Year)	3. BEGISTONR'S SI		- D	WII.	LATUN	FIANTLAND	2090	0
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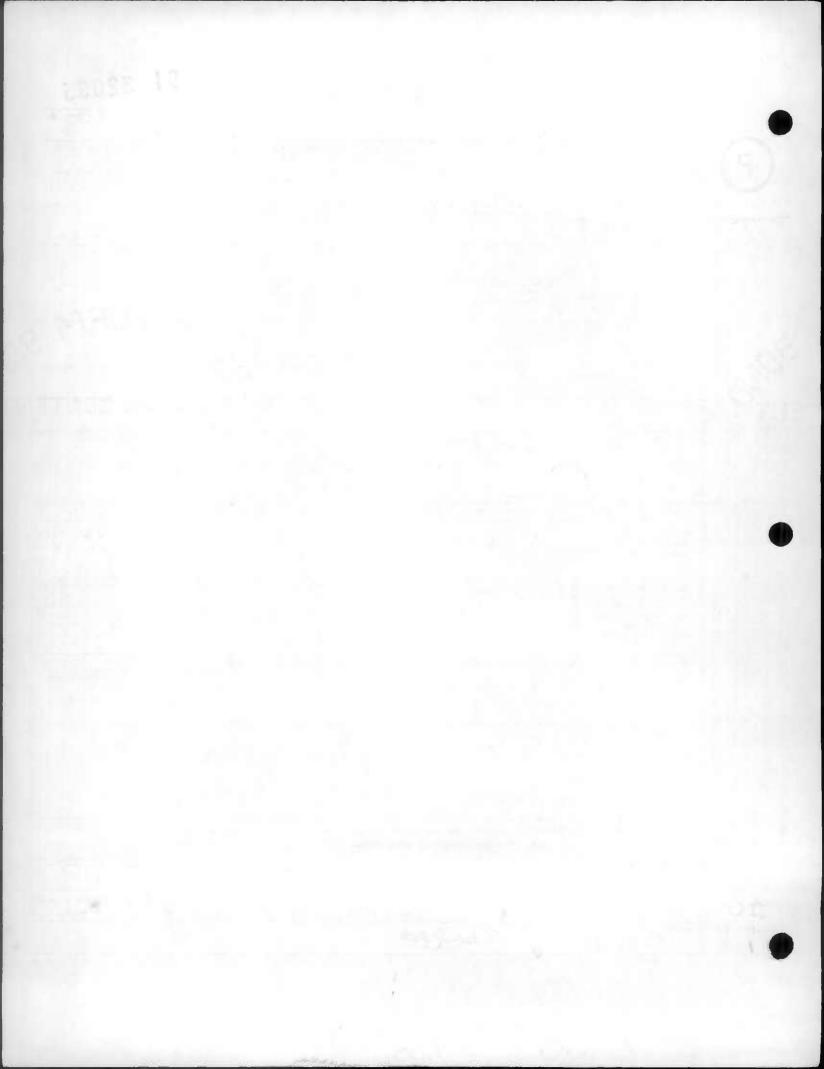
DIVISION OF VITAL RECORDS, P.O. BOX 68/60, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
	2	23	X	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

REGISTRAR		MARYLAND /	RTIFIC	CATE OF	DEA	TH		REG. NO),		
1. DECEDENT'S NAME (First, Middle, Last)							2. DATE MONTH	OF DEATH	AY	YEAR	3. TIME OF DEATH
Miriam Petfield	The second secon						Nove	ember			10:15 a
023-03-6997	5. SEX	6. AGE (In yrs. last		IF UNDER I YEAR	HOURS	MIN.	(Month	Dey, Year)		Count	
9a. FACILITY NAME (If not institution, give	street and number)	91		96. CITY, TOWN (DR LOCATI	ION OF D		mber		Mass	sachusetts
9 Orchard	Drive				aith				34.000		
9 Orchard RESIDENCE OF DECEDENT 108. STATE 10b. COUNT						ELSD	urg		1	MOII	tgomery
	romerv			TOWN OR LOCAT							10d. INSIDE CITY LIMITS?
	JOINGLY		Ga		ZIP COD	E			10a CIT	IZEN OF	1 YES 2 NO WHAT COUNTRY?
9 Orchard Drive	2				2087						
11. MARITAL STATUS	12. WAS DECEDENT	T EVER IN U.S. ARM		13. WAS DEC	ENDENT O	OF HISPAI	NIC ORIGIN	? (Specify Ye	or No-	14. RAC	States E — American Indian, k, White, atc.
1 Naver Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	YES 2 NO)	If yes, sp	ecify Cube 2 X NO	ın, Mexici	in, Puerlo R	lican, etc.)		Blac Spec	
	ICATION	46. 050	FDELIEIO (1)								White
(Specify only highest grade	e completed)	(Give	e kind of wor Do NOT use	SUAL OCCUPATION rk done during movestired.)	St of working	ng	16b.	KIND OF BU	SINESS/IN	DUSTRY	
12	College (1-4 or 5+	,	C	lerk				O.F.	e +		
15. DECEDENT'S EDI, (Specify only highest grade Elementary/Secondary (0-12) 1 2 17. FATHER'S NAME (First, Middle, Last)					18. MOT	HER'S NA	ME (First, M	UI . liddle, Maiden	fice Sumame)		
George Petfield	1				Ма	bel	Dock	endor	E		
198. INFORMANT'S NAME (Type/Print)				DDRESS (Street a							
Cornelia Fuller	Bledsoe	9	Orch	ard Dri	ve,	Gait	hers	burg,	Mary	land	20878
1 Burial 2XXCremation 3 Ram 4 Donation 5 Other (Specify)	noval from Stata	cemetery, crem	atory or othe	DISPOSITION (Na or place)	11	/5/9	DATE		CATION —		
21. SIGNATURE OF FUNERAL SERVICE LIN	CENSEE	Montgo	omery	Cremat				Bet	hesd	a, M	aryland
DM1/18	11	MOO			in Henrie	00 01 111	O'ETT I	_	9 .	Y	/
	*/	MOC	0846	Rober	t A.	Pum	phrey V Cha	Fune	ral I	10Me	Wisconsin
23. PART I. Enter the diseases, or shock, or heart failure.	complications that List only one caus	Council the doc		Rober Bethe Avenue	t A. sda-de Bei	Pum Chev thes Ing, auc	phrey y Cha da, M	Fune ise, I laryla	nc. ind 20	7557 7557 0814 rest,	Approximata interval Batween
23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	a. DUE TO	Council the doc	TENCE OF	anter the mo	da of dyi	ing, auc	h aa cardi	ac or raspi	iratory ar	rest,	Approximata interval Batweer
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 91 32035

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Nancy J. Frey 4 Virginia Dr., Gaithersburg, MD 20877 200. METHOD OF DISPOSITION 200	Ш	Quentin V. Frey				Margare	t Bowen			
20. METHOD OF DIPPOSITION 20. CHAPTER 20		19e. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street	at and Number or Rural	Route Number, City or To	own, State, Zlp (Code)	
Continued of Continued C	F	Nancy J. Frey		4 Virg	inia D	r., Gaith	ersburg,	MD 208	77	
A DOMESTIC SECRETIFIED TO MEDICAL EXAMINER? A DOMESTIC SECRETIFIED TO MEDICAL EXAMINER. TO The Deat of my knowledge, death occurred at the time, date and piace, and due to the cause(s) and manner as at the Domestic SecreTified Sec			noval from Stete	other place)						
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23. PART I. Either the diseases, or complications that caused this desth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, inherent Beinghabed, by heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in desth) DUE TO (OR AS A CONSEQUENCE OP): BY DUE TO (OR AS A CONSEQUENCE OP): DUE TO (OR AS A CONSEQUENCE OP): DUE TO (OR AS A CONSEQUENCE OP): A THIRD IN THE CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OP): DUE TO (OR AS A CONSEQUENCE OP): A THIRD IN THE CONSEQUENCE OP): DUE TO (OR AS A CONSEQUENCE OP): A THIRD IN THE CONSEQUENCE OP): A THIRD IN THIRD IN THE CONSEQUENCE OP): A THIRD IN THIRD IN THIRD IN THIRD IN THIRD IN THIRD IN THIR		10 East Deer Park Drive								
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R	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. N	0.		
	DOROTHY	Fox				2. DATE OF DEATH MONTH OCTOBER 3		YEAR 3. TIME OF DEATH	
113	S-12-2097	1 🗆 M 2 😿 F	(In yrs. last birthday) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10/3/1907	6	B. BIRTHPLACE (State or Fore Country) RUSSIA	
	9a. FACILITY NAME (If not institution, give street and number) HEBREW HOME OF GREATER WASHINGTON RESIDENCE OF DECEMENT RESIDENCE OF DECEMENT					DEATH 9c. COUNTY OF DEATH MONTGOMERY			
10a. ST	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MARYLAND MONTGOMERY ROCKVILLE					10d. INI LIN 1 X Y			
610	D5 MONTROSE ROA	10	20852		10g. CITIZEN OF WHAT COUNTRY? U.S.A.				
3 X W	RITAL STATUS lever Married 2 Married Widowed 4 Divorced	N U.S. ARMED 2 NO ATES	2 NO If yea, specify Cuban, Maxi			ANIC ORIGIN? (Specify Yea or No— can, Puarto Rican, atc.) 14. RACE Black, Specify:			
Eler 17. FATH	15. DECEDENT'S EDUC (Specify only highest grade mentary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S I (Give kind of w life. Do NOT use	rork done during mo e retired.)	ON st of working	186, KIND OF B	USINESS/INDUS		
17. FATE	HER'S NAME (First, Middle, Last) CHAEL FELDST	ETN	OI EIGHTO		0-0-0-0-0	AME (First, Middle, Maide		MPANI	
19a INE	FORMANT'S NAME (Type/Print)	LIN	19h MAII ING	ADDESS (Street		Route Number, City or To	A		
RIC	CHARD FOX (SON)					POTOMAC		20854	
1 X 8u 4 □ Do	ETHOD OF DISH OF THOM urial 2 Crement 3 Ramo onation 5 pmer (Specify)	Val from Stata	NG DAVID			DATE 20c. L N 11/1 FAL	LS CHU	RCH, VIRGIN	
21. SIGN	NATURE OF F WITH SERVICE LIC	In His	,)	DANZAN	SKY-GOL	CHITY	RIAL C	HAPELS, INC	
IMMEG	ART I. Enter the disease, or c ahock, or heart feilure. I DIATE CAUSE (Final se or condition ing in death)	. DEMONT	ach line.		de of dylng, suc	ch as cardiec or res	olratory erres	Approximet Interval Bet Onaet end I	
If eny, cause. CAUSE that in	entially list conditiona, , leeding to immediate b. Enter UNDERLYING E (Disease or injury nitiated events ing in death) LAST		CONSEQUENCE OF)						
PART	II. Other significant conditions	a contributing to death b	ut not resulting in	the underlying	cause given in		RMED?	24b. WERE AUTOPSY FINE AWAILABLE PRIOR TO CDMPLETION DF CAL OF DEATH?	
25. WAS EXA 1								1 YES 2 NO	
EXA	CASE REFERRED TO MEDICAL AMINER? YES 2 7 NO	HOSPITAL:		OTHER:	ACE OF DEATH (Ch				
1 / 1	INER OF DEATH Natural 5 Pending	1 Inpetiant 2 ER/Outp 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJ	JRY AT RK?	8 Other (Specify) 28d. DE\$CRIBE HOW	Other (Specify) I. DEŞCRIBE HOW INJURY OCCURED		
3 4	Accident Investigation Suicide 6 Could not be datermined	28a. PLACE OF INJURY building, atc. (Spec				LOCATION (Street and Number or Rural Route Number, City or Town, State)			
29a. CEF (Che one)	ock only	IAN: To the beat of my knowl							
29b. SIG	MATURE AND TITLE OF CERTIFIER	iderang,	w		29c. LICENSE NUI	MBER		GIGNED (Moreh, Day, Year)	
ALVI	IE AND ADDRESS OF PERSON WHO S. MANARAI E FILED (Month, Day, Year)	6,MD 612	ATH (ITEM 27) (Type, I	COE RD	ROCKU	LE, MD	2085	2	
NI DATE	0V 06 '91	A STATE DOWN OF THE STATE OF TH							

4500 XOT PHILIPS

400 January 18 80 H

NOV 06 '91

	1. DECEDENT'S NAME (First, Middle, L		i			2. DATE OF DEATH MONTH	DAY YEAR	3. TIME OF DEATH		
110	4. SOCIAL SECURITY NUMBER		riedman (In yrs. last birthday)	IF UNDER 1 YEAR	1	November		5:10 A		
1	216-18-7731	1 M 2 X F		ONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) AUG. 17,	1920 MAR			
	98. FACILITY NAME (If not institution, g	Street		Bethes	da	DEATH	9c. COUNTY OF			
DIREC	10a. STATE 10b. CO			TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS? 1 X YES 2 N		
FUNERAL	100. STREET AND NUMBER 5817 MIDHILL ST	REET		10	f. ZIP CODE 20817			WHAT COUNTRY?		
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 _ YES IF YES, GIVE WAR OR (2 X NO	If yes, sp	CENDENT OF HISPA	NIC ORIGIN? (Specify Years, Puarto Rican, atc.)	ee or No- 14. RA Ble	CE — American Indian, ck, White, etc.		
LEIED	15. DECEDENT'S (Specify only highest g	College (1-4 or 5+)	life. Do NOT use	rk done during mo retired.)	ost of working	SOCIA	USINESS/INDUSTRY			
COMPL	17. FATHER'S NAME (First, Middle, Last)		CLINICAL	SUCIAL		PKIVA	ATE PRACT	ICE		
ш		UROVER			BESS					
TO B	19a, INFORMANT'S NAME (Type/Print)					Route Number, City or To	wn, State, Zip Code)			
	HARRY D. FRIEDM					HESDA, MD	20817			
	1X Surfal 2 Compation 3 5 5 4 Donation 5 Compation 1	Semoval from State	DAS ISRAEI				OCATION — City or			
	21. SIGNATURE OF PUNERAL SERVICE		AND ROMINI	22. NAME A	ND ADDRESS OF FA	ACILITY	SHINGTON,			
	1 Jacque	Mr. Disc	2			DBERG MEMO E PIKE, RO				
ERTIFICATION	Sequentially llat conditions, if any, leading to immediate csuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated avants resulting in death) LAST	b. Metast DUE TO (OR AS /	to 1	iver	18 mm					
	PART It. Other significant condit	lons contributing to death b	out not resulting in	the undarlying	g causa givan in		PAMED?	b. WERE AUTOPSY FINI AVAILABLE PRIOR TO COMPLETION OF CAI OF DEATH? 1 YES 2 NO		
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (CA	reck only one)				
O	1 YES 2 X NO	1 Inpetiant 2 ER/Out	patient 3 DOA 4			6 Other (Specify)				
X	27 MANNED OF DEATH	(Month, Day, Year)	28b. TIME (Y WO	URY AT PRK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURED			
PHYS	27. MANNER OF DEATH 1 X Natural 5 Pending					281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
ED BY PHYS		28s. PLACE OF INJURY building, etc. (Son	' — At homa, farm, stre				e)			
MPLETED BY PHYS	1 X Natural 2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only) 1 X CERTIFYING PM	28e. PLACE OF INJURY building, etc. (Special Special S	rindge, daath occurred	at the time, date	and place, and due	to the cause(a) and ma	anner as stated,			
COMPLETED BY PHYS	1 X Natural 2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only) 1 X CERTIFYING PM	28s. PLACE OF INJURY building, etc. (Speil VSICIAN: To the best of my know IINER: On the bests of examination	rindge, daath occurred	at the time, date in my opinion, d	eath occured at the	time, data and place, a	nd due to the cause			
BE COMPLETED BY PHYS	1 X Natural 2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only one) 2 MEDICAL EXAM 29b. SIGNATURE AND TITLE OF CERTIF	28s. PLACE OF INJURY building, etc. (Spei	rladge, daeth occurred in and/or investigation,	in my opinion, d	and place, and due eath occured at the 29c. LICENSE NUI	time, data and placa, a	29d, DATE SIGNE	D (Month, Day, Year)		
BY PHYS	1 M Natural 5 Pending Investigation 2 Accidant 3 Suicida 6 Could not determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAM 29b. SIGNATUBE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON	28s. PLACE OF INJURY building, etc. (Speinstein) YSICIAN: To the best of my know INER: On the bests of examination WHO COMPLETED CAUSE OF DE	riadge, daeth occurred n and/or investigation,	in my opinion, d	29c. LICENSE NUI	time, data and place, a	29d. DATE SIGNE	o (Month, Day, Year) per 2, 199		
O BE COMPLETED BY PHYS	1 X Natural 5 Pending Investigation 2 Accident 3 Suicide 4 Homicide 6 Could not determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAM 29b. SIGNATUBE AND TITLE OF CENTING 29b. SIGNATUBE	28a. PLACE OF INJURY building, etc. (Special Property of the best of my know INER: On the best of examination of the best of t	ladge, death occurred in and/or investigation, ATH (I) EM 27) (Type, Pr. O Wiscons:	in my opinion, d	29c. LICENSE NUI	time, data and placa, a	29d. DATE SIGNE	o (Month, Day, Year) per 2, 19		
	1 M Natural 5 Pending Investigation 2 Accidant 3 Suicida 6 Could not determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAM 29b. SIGNATUBE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON	28s. PLACE OF INJURY building, etc. (Speinstein) YSICIAN: To the best of my know INER: On the bests of examination WHO COMPLETED CAUSE OF DE	ladge, death occurred in and/or investigation, ATH (I) EM 27) (Type, Pr. O Wiscons:	in my opinion, d	29c. LICENSE NUI	time, data and place, a	29d. DATE SIGNE	er 2, 1		

Bully and the state of

	1		2
		7	-
BALTIMORE, MARYLAND 21215-0020	AL DRATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. AL DIRECTOR: After this certificate has been stoned by the attending physician and completely filled in by the financial districts have 5 should be described for one on the bright of the stone of	tion, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	AL DRATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. AL DIRECTOR: After this certificate has been stoned by the attending physician and committeen filled in by the financial dimension and demand for one and the physician and committeen filled in by the financial dimension and demand for one and the physician and committeen filled in by the financial dimension and demand for one and the physician.	?2 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - STATE REGISTRAR	STATE OF MA	ARYLAND /	DEPAR	TMEN	T OF H	EALTH DEAT	AND M		YGIENE EG. NO.		2038			
	1. DECEDENT'S NAME (First, Middle, Last,								2. DATE OF D	DEATH	YEAR				
	Horace Holden 4 SOCIAL SECURITY NUMBER	1	ADE de la la							7-91		7:35 P M			
	329-03-9447	1 2 M 2 F	3. AGE (In yrs. la:	YRS.	MONTHS	DAYS	IF UNDER	MIN.	7. DATE OF B (Month, Day	r, Year)	nar) Country)				
1	9a. FACILITY NAME (If not institution, give		89	11101	9h CIT	Y TOWAL O	D I OCATI	ON OF DEA	Dec. 5	ichigan					
DIRECTOR	Montgomery Ge		spita:	1		Olne		ON OF UEA	in			ntgomery			
9	10a. STATE 10b. COUNT	ry		10c. CIT	Y. TOWN	OR LOCAT	ION				10d, INSIDE CITY				
		ontgomery			Sil	ver	Spri	ng				LIMITS?			
FUNERAL	10e. STREET AND NUMBER 2228 Drury Road					10f.	209					States			
S	11. MARITAL STATUS	12. WAS DECEDENT			13.	WAS DEC			ORIGIN? (Sp			ICE — American Indian,			
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1		NO		If yea, spe	2 1 NO	n, Maxican,	Puarto Rican	, etc.)	BI	ecity: White			
ED	15. DECEDENT'S EDI (Specify only highest grad	JCATION	16a. DE	CEDENT'S	USUAL O	CCUPATIO	N		16b. KINI	D OF BUSINE	SS/INDUSTRY				
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	(G life	ive kind of a	work done se retired.)	during mos	st of working	9							
MPI		1		Owne	r				A	uto Pa	arts				
00	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	ER'S NAME	E (First, Middle	, Maiden Surn	ame)				
BE	Frank Lincoln F	owler					Es	telle	Rand	olph					
0	19a. INFORMANT'S NAME (Type/Print)								ute Number, Ci						
-	Nancy F. Philipp)	2	228	Drur	y Ro	ad,	Silve	r Spr	ing, M	Maryla	nd 20906			
	20a. METHOD OF DISPOSITION 1 □ Burial 2 ▼ Cremation 3 □ Ren 4 □ Donation 5 □ Other (Specify)	noval from Stafa	20b.PLACE								ON — City or				
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	Montg	omer	y Cr 22.	MAME AN	OTIUI D ADDRES	n, In	IC.	Bethes	sda, M	aryland			
	· Rahent 3	tanas		M001	98 98	bert	A. I West	Mont	rey F	uneral	Home ue 350-28	/Rockville,			
	23. PART I. Enter the diseases, pr shock, pr haart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Cono	on each line		ot anter	the mod	le of dylr	ng, auch a	ee cardiac o	or reapirato	ry arrest,	Approximata interval Between Onset and Death			
CERTIFICATION															
ICAL	PART II. Other aignificant condition	s contributing to de	ath but not re	esulting i	n the ur	derlying	cause gi	ven in Pa		WAS AN AUTO		Ib. WERE AUTOPSY FINDINGS			
음	Fre	monia								YES 2 N		AVAILABLE PRIOR TO COMPLETION OF CAUSE			
												DF DEATH?			
ä															
CA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	11000171					CE OF DE	ATH (Check	only one)						
SI	1 YES 2 NO	HOSPITAL:	R/Outpetlant 3	□ DOA	OTHER 4 Nun		5 🗆 Ras	Idenca 8	Other (Spec	cify)					
BY PHYSICIAN: MED	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF IN. (Month, Day,		28b. TIME	OF	28c. INJU WOR	RY AT	21	8d. DESCRIBE		Y OCCURED				
- 11	3 Suicida 6 Could not be determined	28s. PLACE OF It building, etc.	NJURY — At hou (Specify)	ma, farm, a	treet, fact	ory, offica		26	6f. LOCATION City or Town	(Street and No n, State)	umber or Rura	Route Number,			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI	CIAN: To the best of my	knowledge, dar	ath occurre	d at fha fi	me, data a	and place,	and due to	the cause(s)	and manner a	na stated,	(a) and mannar as stated.			
	29b. SIGNATURE AND TITLE OF CERTIFIE		y					ISE NUMBE							
TO BE	Robert L	Lall.	mo				2	930	20	29d	LOATE SIGNE	8/9/			
	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE	OF DEATH (ITEM	27) (Type,	Print)	81	1,	6	we.	0	0	Rochaille			
	31. DATE FILED (Month, Day, Year)	23 REGISTRAN'S	SIGNATING	2.02	2.5		dely	0-7	we.	1-000	7	14d 20820			

2. DATE OF DEATH

7. DATE OF BIRTH

FOR STATE REGISTRAR

SOCIAL SECURITY NUMBER

1. DECEDENT'S NAME (First, Middle, Last) WILLIAM A. GAMBONE

5. SEX

	4. SOCIAL SECURITY NUM		5. SEX		rrs. last birthday)	MONTHS D		IF UNDER	24 HRS. MIN.	(Mon	OF BIRTH	1	8. BIRTHPL Country)	ACE (State or Foreign
)	143-01-415 9a. FACILITY NAME (# not		t M 2 F	78	YRS.					JAN	.17,19		PENNS	SYLVANIA
E	906 DRYDEN		www.and.number)			96. CITY, TO SILV				EATH			TY OF DEA	
ECTOR	RESIDENCE OF DE					PILL	CK i	SPKI	LING			MONI	GOME	KY
DIRE	10e. STATE	10b. COUNT				Y, TOWN OR L							10	Dd. INSIDE CITY
- 2	MARYLAND 100. STREET AND NUMBER		NTGOMERY			SILVER						1 TES 2 NO		
LONERAL	906 DRYDEN							0901			10g. CITIZEN OF WHAT COUNT			
5	11. MARITAL STATUS	OUGHI	12. WAS DECEDEN	IT EVER IN U.	S_ARMED	13, WAS				IIC OBIGI	N? (Specify Ye			Amarican Indian.
BY	1 Never Married 2 3 Widowed 4 Dh		FORCES? 1		2X NO	If yo	s, specif	fy Cubsi	n, Maxica Specify	n, Puarlo	Ricen, atc.)		Bleck, V	Vhita, etc.
TED	15. DE (Specify or	CEDENT'S EDU	CATION completed)	16	Give kind of	USUAL OCCUI vork done durin se retired.)	PATION g most o	of workin	g	16	b. KIND OF BU	SINESS/IND	USTRY	
COMPLET	8 Elementery/Secondary	(0-12)	College (1-4 or 5		AREHOUS						FEDERA	T. COV	FRMME	TMT
S C	17. FATHER'S NAME (First,	Middle, Last)					1	a MOTH	IFD'S NA		Middle, Maiden		DICIVITE	21/1
ш	GENNARO GA	MBONE					1"	i. moin	RACH	EL C	ENTANN	II		
TO B	19a. INFORMANT'S NAME	(Type/Print)			19b. MAILING	ADDRESS (Str	eet and	Number	or Rural F	Poute Nun	ber, City or Tow	rn, State, Zip	Code)	
	ANITA WALL	ACH	(DAUGH	HTER)		YER C					E, MARY			3
	1 E Burlet 2 Cremati	ion 3 🗆 Ram	oval from State	20b. PL.	ACE AND DATE (Pher place!	N (Nama	of		DAT		CATION — C		
	4 ☐ Donetion 5 ☐ Other		ENDER	GAT	E OF H					11/	12SILV	ER SP	RING,	MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LICENSET 22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W. SIL.SPR., MD. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch es cerdiec or respiratory errest,													D.20901
CERTIFICATION	disease or condition recuiting in death) Sequentielly lifet conditions, lifet condi	ediete /ING ury	b. DUE TO	(OR AS A CO	INSEQUENCE OF	C	(ars	tom to	5	Dis	see s	2	
MEDICAL	PART II. Other signific	ent condition	s contributing to	death but r	not resulting I	n the underl	ying co	euse gl	Iven In I	Part I.	24a. WAS AN PERFOR	MED?	CO OF	RE AUTOPSY FINDING ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
CIAN	25. WAS CASE REFERRED T	TO MEDICAL				26	. PLACE	E OF DE	ATH (Che	ck only or	16)			
(/)	YES 2 NO		HOSPITAL:	ER/Outpetier	mt 3 🗆 DOA	OTHER:	lome 5	Ras	idenca	6 🗆 Othe	r (Specify)			
ВУ РНУ:	27. MANNER-OF DEATH 1 Natural 5 2 Accident	Pending Investigation	28a. DATE OF (Month, Da		28b. TIME	JRY	WORK?		NO	28d. DES	CRIBE HOW II	NJURY OCC	JRED	
ETED	3 Suicida 6 4 Homicide	Could not be detarmined	28a. PLACE Of building,	F INJURY — # etc. (Specify)	At home, farm, a	treet, fectory, o	ffice			26f. LOC City	ATION (Street a or Town, State)	and Number o	r Rurel Route	Number,
COMPLE	29e. CERTIFIER (Check only one) 1 CERT 2 MED	TIFYING PHYSICAL EXAMINE	CIAN: To the beet of	my knowledge	a, death occurre	d at the time, o	lata and	pleca,	and dua t	to the cau	use(s) and man	ner as atate	d, ceuse(s) an-	d manner as stated
BEC	29b. SIGNATURE AND TITLE			<			_		SE NUM		6			onth, Day, Year)
o IL	30. NAME AND ADDRESS O	F PERSON WHO	COMPLETED CAUS	E OF DEATH	(ITEM 27) (Type	Print)	1-	7	08.	24	6	- 11	-8	41
L	20/65	To	uber	3	821	8 4	211	- C	3~5	10	, Ac	re	3	ethose
	31. DATE FILED (Month, Day,		AL REGISTRAL	R'S SIGNATUR	andelde									
	MOV 19	1991	11											

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-tran	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	

11200111111				CLRIII	ICATI	UF	DEATH		REG. NO				
1. DECEDENT'S NAI	GUY			GALYO	NT			MO	2. DATE OF DEATH MONTH DAY NOVIEMBER A 3. TIME OF DEATH MONTH DAY NOVIEMBER A 4. DAY MONTH DAY				
4. SOCIAL SECURIT		5. SEX	1 ans (1-)	yrs, lest birthday)				_	VEMBER		991	8:12 a	
486-09-2		1 M 2 D F			MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	(Me	TE OF BIRTH onth, Day, Year)		Country)		
	(If not institution, give :		84	1110.	at OIT	TOWN			N. 1, 1		KANSA		
	HOME				OR LOCATION OF	DEATH	The second secon						
RESIDENCE O		URSING	HOME		RUC	CKVII	LLE		MONTGOMERY				
10a. STATE	10b. COUNT	Y MONTGOMER		10c, CI1	Y, TOWN	OR LOCAT	TION				1	10d. INSIDE CITY	
MARYLANI			SII	LVER	SPRING	3		1	LIMITS?				
10e. STREET AND N						10f	. ZIP CODE			10g. CITIZ	EN OF WH	AT COUNTRY?	
15320		CHARD DRI			20906	5		I	USA				
11. MARITAL STATUS 1 Never Married		T EVER IN U	S. ARMED	13.	WAS DEC	ENDENT OF HISP ecify Cuban, Maxi	ANIC ORI	GIN? (Specify Yas	or No-	14. RACE -	- American Indien, White, atc.		
3 Widowed 4	MAR OR DATE	S			2 XNO Spec		,		Specify:				
	15. DECEDENT'S EDU	CATION	16	Sa. DECEDENT'S	USUAL O	CCLIPATIO	ON	1.	18b. KIND OF BUS	PINESCUNDI	IOTOV		
Elementary/Seco	ocify only highest grade	+)	(Give kind of life. Do NOT u	work done	during mo:	st of working		ioo. Kind or bo.	31NE33/1NDU	Jaint			
			BUSINES	SS AI	MINI	ISTRATIO	INO	AUTOMO:	BILE N	MAKEI	R		
17. FATHER'S NAME	17. FATHER'S NAME (First, Middle, Last) JAMES E. GALYON								st, Middle, Maiden				
JAMES	E.					JENN			OFORTH	Н			
19e, INFORMANT'S	190. INFORMANT'S NAME (Type/Print) ALBERTA GALYON					S (Street a	nd Number or Rurs	l Route Nu	umber, City or Town	n, State, Zip C	Code)	20906	
ALBERTA	GALYON											MARYLAND	
20e. METHOD OF DI	SPOSITION Temation 3 Rem	ACE AND DATE	OF DISPOS					CATION — CI					
Donation 5	Other (Specify)		GAT	E OF H	EAVEN	CEN	METERY	113	1/8 SIL	VER SI	PRINC	G. MARYLA	
21. SECHATURE OF FUNERAL SERVICE DEFINEE 22. NAME AND ADDRESS OF FACILITY BLVD., W., SIL. SP, MD 20:													
FRANCIS J. COLLINS FUNERAL HOME, INC. PMIT. Enter the Useasea, pr complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate													
if any, leading to cause. Enter UNI CAUSE (Disease that initiated ever	disease or condition resulting in deeth) METASTATIC LUNG CANCER DUE TO (OR AS A CONSEQUENCE OF): B. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):												
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO OF											VERE AUTOPSY FINDING WAILABLE PRIOR TO DMPLETION OF CAUSE OF DEATH? YES 2 NO		
25. WAS CASE REFEI	DED TO MEDICAL												
EXAMINER?		HOSPITAL:			OTHER		ACE OF DEATH (C	heck only	one)				
1 YES 2		1 Inpatient 2			4 🗆 Nun	sing Home	5 Residence	6 🗆 Ot	her (Specify)				
27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28s. TIME OF INJURY AT WORK? 1 Netural 5 Pending 2 Accident Investigation 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 1 YES 2 NO													
3 Suicide 4 Homicide	6 Could not be determined	28s. PLACE O building,	etc. (Specify)	At home, farm,	itreet, fact	ory, offica		28f. LC	OCATION (Street a fly or Town, State)	nd Number or	Rural Rou	te Number,	
29a. CERTIFIER (Check only one) 2	CERTIFYING PHYSI	CIAN: To the best of R: On the bests of a	my knowledg	ge, death occurre	n, in my o	me, date	end place, and du	e to the c	euse(s) and men	ner as stated	i. ceuse(s) s	nd manner as atated	
Mu	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) NOVEMBER 6, 1991												
30. NAME AND ADDR	ONATHA	N PLOT	3KY	(ITEM 27) (Type,	Print)	971	1 Medi	cal	Center	DRIVE	R	ockulle	
31. DATE FILED (Mont	h, Day, Year)	P 32, REGISTRA	B.B. SHOWN	RE9, 00							1	7,0	

ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. OR: After this certificate has been signed by the attending physician and completely filled in by the furneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, #, for death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. 8 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
Pages 1, 2

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	Middle, Last)							REG. NO 2. DATE OF DEATH			. TIME OF DEATH							
	ERONIC	A HENN	ESSY					NOVEMBER	/ 10	YEAR	18.00							
4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs. Is	ast birthday)	IF UNDER 1 Y	EAR IF UNDER		7. DATE OF BIRTH (Month, Day, Year)			ACE (State or Foreign							
579-14-256.		1 M 2 F	6	9 YRS.				12-30-192	Wash	ington DO								
668 FLAGSTA					96. CITY, TO	OWN OR LOCATI	ON OF DEA	ТН	TY OF DEA	ТН								
RESIDENCE OF DEC					נממטנו	L/ PID			ERT									
10a. STATE	10b. COUNTY				Y, TOWN OR	LOCATION				1	Od. INSIDE CITY							
Maryland 100. STREET AND NUMBER	Calv	ert		Lu	sby						YES 2 NO							
668 Flagsta	ff Roa	d				101. ZIP COD 266				EN OF WH	AT COUNTRY?							
11. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN U.S. A	RMED	13. WA	S DECENDENT O	OF HISPANIC	ORIGIN? (Specify Yea			- American Indian.							
1 Never Merried 2 3 Widowed 4 Divo		FORCES? 1	YES 2 X	NO	If ye	YES 2 X NO	ın, Maxican,	Puerto Rican, etc.)		Bleck, 1 Specify:	White, atc.							
	EDENT'S EDU	CATION	1							Cauc	asian							
	highest grade		((ECEDENT'S Give kind of v e. Do NOT us	USUAL OCCL vork done duri se retired.)	IPATION ng most of workir	ng	18b. KINO DF BUS	S/NESS/INOU	STRY								
12	12)	comage (1-4 or 5 -		mmi	cation	is Snec	ialis	t Federa	1 Gov	ernm	ent							
17. FATHER'S NAME (First, MI	ddle, Last)				COCTO			(First, Middle, Maiden		CLIBII	CITC							
William D		SSY						rcell										
19a. INFORMANT'S NAME (7)								ite Number, City or Town										
Ida H Sono	ON				FDISPOSITION	s Drive	e A.	lexandria										
1 Buriel 2 Crematio	n 3 🗆 Reme (Specify)	ovat from State	cemetery, cr	emetory or al	ther place)	emetery		11/8 Alex	cation - ci									
21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE) /	\ \	22. NAI	ME AND ADDRES	SS OF FACIL	ITY			TIGHHA							
(Vans	Kall	a) 6	xh	1				eral Homes Virginia										
23 PART i. Enter the di	seases, Dr C	Dmplicetions the	t ceused the d	eeth, Do n	ot enter the	mode of dyl	ng, such	es cardlec or respi	ratory erres	st.	Approximate							
IMMEDIATE CAUSE (Fin	ett leliule. I	List only one ceu	se on each line	e.	0			/	30,000		Oneet end Dee							
disease or condition resulting in deeth)	→ .	· Clu	oni (a	Ele	uo	SC	lerate	C									
		DUE TO	OR AS A CONSE	OUENCE OF	7):	Page 1												
Sequantially list conditions of any, leading to immediate	ons,	DUE TO	(OR AS A CONSE	OUENCE OF	ul	ar	al	Wind										
ceuse. Enter UNDERLY!! CAUSE (Disease or Injur	NG	Che	mic	4	UK	02/0	ack	ion										
that initieted events resulting in death) LAST		DUE TO	(OR AS A CONSE	Outhor or	1/													
PART II. Other significar	condition	s contributing to	death but not	resulting I	n the under	lying cause g	lven in Pe	rt i. 24a. WAS AN			ERE AUTOPSY FINDING							
								PERFOR		CI	MILABLE PRIDR TO DMPLETION DF CAUSE DEATH?							
											YES 2 NO							
25. WAS CASE REFERRED TO	MEDICAL I																	
EXAMINER?	MEDICAL	HOSPITAL:	l emin i i i		OTHER:	6. PLACE OF DE												
			INJURY	28b. TIME	OF 280	Home 5 Re	1	Other (Specify)	HIBY OCCU	PED.								
1 YES 2 □ NO 27. MANNER OF DEATH	(Month, Dey Year) S Pending (Month, Dey Year) Work? 28d. DESCRIBE HOW INJURY OCCURE INJURY 28d. DESCRIBE HOW INJURY OCCURE INJURY OCCURE INJURY 28d. DESCRIBE HOW INJURY OCCURE INJURY 28d. DESCRIBE HOW INJURY OCCURE INJURY OCCURE INJURY 28d. DESCRIBE HOW INJURY OCCURE INJUR																	
1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 F	2 Accident towartigation M 1 YES 2 NO																	
1 YES 2 NO 27. MANNER OF DEATH W Netural 5 F 2 Accident 3 Suicide 8 0	ould not be	26a. PLACE Of building.						City or Town, State)										
1 YES 2 NO 27. MANNER OF DEATH W Netural 5 F 2 Accident 3 Suicide 8 0	veatigation	26a. PLACE Of building,	(=,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the ceuse(e) and manner as atated. MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and piece, and due to the ceuse(e) and manner as atated.									
1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 F 2 Accident 3 Suicide 8 C 4 Homicide 29a. CERTIFIER (Check only)	could not be etarmined	CIAN: To the best of	my knowledge, de	eath occurre	d at the time,	data and pleca,	and due to	the ceuse(e) and man	ner as stated	taua del c	nd manner en stat							
1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 F 2 Accident 3 Suicide 8 C 4 Homicide 29a. CERTIFIER (Check only)	could not be etarmined FYING PHYSIC AL EXAMINER	CIAN: To the best of	my knowledge, de	eath occurre	d at the time,	on, death occur	ed at the tim	ne, date and place, end	d due to the o	cause(a) ar								
1 YES 2 NO 27. MANNER OF DEATH Notural 5 F 2 Accident 3 Suicide 8 C 4 Homicide d 29a. CERTIFIER (Check only one) 2 MEDIC	could not be etarmined FYING PHYSIC AL EXAMINER	CIAN: To the best of	my knowledge, de	eath occurre	d at the time,	on, death occur	and due to ed at the tim	ne, date and place, end	ner as stated did due to the c	cause(a) ar								

DESCRIPTION A CHARLEST TO SEE STATE OF THE SECOND S

traumatic event.	or other	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event,	IMPORTANT: IL	
nor to burial, crema	al Hygiene p	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crema	be filed within 72	
sician and completel	tending phy	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely	TO THE FUNERAL	
e be executed within	ath certificat	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE HOSPITAL	

	1 - STATE REGISTRAR	SIAIL OF W	IARYLAND / Ce		ICATE				MENTAL	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Las								2. DATE OF	DEATH	,	YEAR	3. TIME OF DEATH
	Florence Sa									ber 1			1:50 A.M
1	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. las		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF (Month, I			8. BIRTH	PLACE (State or Foreign
)	189-18-3752	1 □ M 2 💢 F	74	YRS.			,,oons			12,19	17		sylvania
1	90. FACILITY NAME (If not institution, give	street end number)			9b. CITY	, TOWN O	R LOCATI	ON OF DI	EATH		9c. COU	NTY OF DE	EATH
-	Manor Care Potom	ac				Pc	otoma	C			Mo	ntgo	mery
DIRECT	10e. STATE 10b. COUN	ITY		10c. CITY, TOWN OR LOCATION									10d, INSIDE CITY
DIF	Maryland	Montgome	rv	Bethesda							LIMITS?		
AL	10e. STREET AND NUMBER	1101050	- 1				ZIP CODE		10g. CITI			1 ☐ YES 2 🛣 NO	
EB	7031 Persimmon T	ree Road						208	317				tates
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARI	MED	13.	WAS DEC	ENDENT O	F HISPAN	IC ORIGIN? (Specify Yee		14. RACE	- American Indian.
BY F	1 Never Merried 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	YES 2 NAR OR DATES	10		If yes, spe	2 NO	n, Maxica	n, Puarto Ric	en, etc.)		Black, Specif	, White, etc.
ED E	15. DECEDENT'S EC	l lostron					-						White
TE	(Specify only highest gra	de completed)	(Gi	ve kind of	work done			g	16b. Ki	ND OF BUSI	INESS/INC	DUSTRY	
P	Elementary/Secondery (0-12)	College (1-4 or 5 +))	(Give kind of work done during most of working life. Do NOT use refired.) Homemaker						Oran	Hom		
COMPLET	17. FATHER'S NAME (First, Middle, Last)	-2		110	mema	Ter	10 1/07	IEDIO III	ME (C)			ie	
C	Clayton Forsyth					EVI	_		ME (First, Mid-		iumame)		
00	19e. INFORMANT'S NAME (Type/Print)		196	MAILING	ADDRESS	(Stroot III			Route Number,		Chris To-	0.41	
2	George W. Sarbac	her, TTT											20854
	20e. METHOD OF DISPOSITION		20b. PLACEA					1110	DATE	_		City or Tov	
	1 Donation 5 Other (Specify)	moval from Stata	Montgo	natory or o	ther place)			11/	/11/91				
	21. SIGNATURE OF FUNERAL SERVICE I		monege	MICL	22.	NAME AN	D ADDRES	S OF FA	CILITY PO	hort	nesa	d, Ma	aryland
	> Will E73	un, In	МО	0672	H	ome/	Beth nsin	esda Ave	-Chev	cha Bethe	sea,	Ingr	rey Funeral yland 20814
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that intileted events resulting in deeth) LAST LAUSE (Disease or Injury that intileted events resulting in deeth) LAST A METASTATIC BREAST CANCER DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
13	PART II. Other eignificant condition	ons contributing to c	laeth but not re	sulting	in the un	darlying	cause g	iven in	Part i. 24	a. WAS AN A		24b.	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL									_ 1	PERFORM			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
M	25. WAS CASE REFERRED TO MEDICAL					28. PL/	ACE OF DE	ATH (Che	ick only one)				
Sic	EXAMINER?	HOSPITAL:	ER/Outpetlant 3	DDA	OTHER 4 % Nurs		5 D Rei	oldenne	8 Other (S	nacihi)			
H	27. MANNEY OF OEATH	28e. DATE OF II (Month, Oay	NJURY	28b. TIM	E OF	28c. INJU	RY AT		28d. DESCR		JURY OCC	URED	
BY	1 Natural 5 Pending 2 Accident Investigation		rear)	1147	M	1 Y	ES 2	NO					
- 11	3 Suicide 6 Could not be detarmined	28e. PLACE OF	INJURY — At hones. (Specify)	na, farm, i	street, facto	ory, office			28f. LOCATIO	ON (Street and	d Number	or Rural Ro	oute Number,
COMPLETED	29a. CERTIFIER (Check only	SICIAN: To the best of m											
႘ ူ		IER: On the beale of axe	immetion englor in	ivestigatio	n, in my of	pinion, de	ath occure	d at the	time, data and	d plece, end	due to the	cause(a)	and menner as etsted.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	Mak.	79	11 3	7		29c. LICE	NSE NUM	BER 97		29d. DATE	SIGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE	OF DEATH (ITEM	27) (Type.	Print)	57	1	ALC	1= 7	1101	11	201	DIV SIC
	S. SUDH	MAKAI	2,1	1.1) .	RI	CK	ZVI	LLE	NON	1D	20	812,4
	31. DATE FILED (Month, Oay, Year) NOV 1 2 °91	32 REGISTRAR	S SIGNATURE	£282						,			
	7	9		27									OHMH-16 Rev 1/89

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND	D / DEPAR	RTMENT OF	HEALTI	H AND				_	7 0	
	1. DECEDENT'S NAME (First, Middle, Last) Clement W. HAYDEN	Junior		02		1 01,	(11)	2. DATE OF C	DA		YEAR 1991	3. TIME OF DEATH 2:20 P M	
1	4. SOCIAL SECURITY NUMBER 579-38-3543	5. SEX	6. AGE (In yrs.	: last birtnday) YRS.	IF UNDER 1 YEA	-	ER 24 HRS.	7. DATE OF E (Month, De 6/19/	HTRI	08	8. BIRTHPLACE (State or Fore Country) Wash., D.C.		
TOP	98. FACILITY NAME (If not institution, give s Poctors Community RESIDENCE OF DECEDENT		l		96. CITY, TOY		TION OF D				NTY OF D	ty of DEATH ICE GEORGE	
DIRECTO	Maryland Mont	gomery			ry, town on Lo						10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	7417 Cedar Ave		T PUPO IN ILE			209	12			U.	S.A		
BY	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	MAR OR DATES		If yes.	DECENDENT , specify Cub YES 2 X NO	en, Maxic	ANIC ORIGIN? (Span, Puarto Ricanify:	pecify Yes 1, atc.)	or No	14. RACE Black Specif	- American Indian, White, etc. White	
PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		+)	(Give kind of iife. Do NOT us	usual occup. work done during se retired.) Electr	most of work				rica			
BE COMPL	17. FATHER'S NAME (First, Middle, Last) Clement W. Ha	vden, S		(60. 1	TECCI	18. MO	TNER'S NA	AME (First, Middle ailabl	e, Maiden S		L		
TO B	19s. INFORMANT'S NAME (Type/Print) Mrs. Barbara L			19b. MAILING	ADDRESS (Stree	et and Number	or or Rural	Aoute Number, Cakoma	Par	k, N	Code)	20912	
	26 METNOD OF DISPOSITION 1-4 Buriel 2 Cremetion 3 Rame 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE		20b. PLAC cemetery, FOL	CE AND DATE	of disposition ther place ncoln	Ceme		y 91	В	rent	WOO	d, Md.	
	· William	T. C.	mar	1	254	Carr	011	St., N	.w.	Wash	1.,D	1 Home .C.20012	
ATION	23. PART I. Enter the diseases, or on shock, or heert failure. If IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. Caz DUE TO DUE TO CAS	dio r	SEOUENCE OF	ceph	A A	ring, such	st as cerdiec	or respir	ratory arre	est,	Approximate Interval Betwaan Onaet and Death	
CERTIFICATION	CAUSE (Disease or Injury that initiated avanta resulting in death) LAST	DUE TO	(OR AS A CONS	SEQUENCE OF	n								
PHYSICIAN: MEDICAL	PART II. Other significant condition	s contributing to	death but no	ot reaulting	in the undarly	ring cause	given in		WAS AN A PERFORM	WTOPSY MED? NO		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2	
YSIC!/	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER:			8 Other (Spe	ecify)				
B₹	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accidant Investigation	28s. DATE OF (Month, Di	lay, Year)		M 1	INJURY AT WORK? YES 2	□ NO	28d. DESCRIB					
LETED	3 Suicide 8 Could not be determined	building,	етс. (Specify)		street, fectory, o			28f. LOCATION City or Tow	vn, Stete)			oute Number,	
29s. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s)									and manner as stated.				
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER WALLY 30. NAME AND ADDRESS OF PERSON WINCE	0	SE OF DEATH (I	TEM 27) (5-ma	Deinet)	D	-18	1895		> /1	SIGNED ((Month, Day, Yeer) 9-91	
	MOBALAK KAK 31. DATE FILED (Month, Day, Year)	LIM 76	10 CAR	ROLL /	FUE,	TAK	OMA	+ PARK	-1	MI)		
	NOV 1 3 1991	Julia Davis	dson-Ran	delle									

Not. Tlockstoinn | Electrical

clerapt II. Haydon, Dr.

The Barblare E. Haydon 7677 Coder Sys. Tallone Park, vol. 20020

Port Ilegola Cematery DE II arentwood, No.

254 Carred D. St., P. P. Pauch., C. C. (100)

	REGISTRAR		C	ERTIF	ICATE		DEATH		REG. NO				
1	1. DECEDENT'S NAME (First, Middle, Last)							2. DAT	E OF DEATH	DAY	YEAR	3. TIME OF OEATH	
	Steve		ayne		hnsc	n		1	1	6	91	11:20P.	
	4. SOCIAL SECURITY NUMBER 218-56-8865	5. SEX	6. AGE (In yrs. las	st birthday) YRS.	IF UNDER 1	DAYS	HOURS MIN.		e of BIRTH onth, Day, Year) 13,	1051	Country)		
	9a. FACILITY NAME (If not institution, give s	reet and number)	40		9b. CITY,	TOWN (OR LOCATION OF D		. LJ,	1951	INTY OF DE	yland ATH	
ECTOR	Suburban Hospital				Beth	hes	da			ontgor	mery		
	10e. STATE 10b. COUNTY				Y, TOWN OF							10d. INSIDE CITY LIMITS?	
IL DIR	100. STREET AND NUMBER	gomery		51.	lver S		Lng	10g, CITIZEN O				T YES 2 X NO	
FUNERAL	12304 Valleywood	Drive	209						002 Unite				
R	11. MARITAL STATUS 1 X Never Merried 2 Married 3 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WAI	YES 2 XI		- 11	yee, sp-	ENDENT OF HISPA ecity Cuban, Maxic 2 XNO Speci	in, Pualli	- American Indian, White, atc.				
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	tea. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)						b. KIND DF BI	USINESS/IN		ITCE	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	. Do NOT us	er Ope			Vitro Labs					
	17. FATHER'S NAME (First, Middle, Last) Elwood S. John	son					Lorrai						
TO BE	19a. INFORMANT'S NAME (Type/Print)	3011	190	b. MAILING	ADDRESS ((Street a					n Codel		
	Elwood S. Johnson		104 Hageman Street,						nd Route Number, City or Town, State, Zip Code) Berkeley Springs, WV 2541.				
	20e. METHOD OF DISPOSITION 1 Burial 2 X Cremation 3 Rame 4 Donation 5 Other (Specify)	oval from State	20b. PLACE A cometery, cre SUDUI	AND DATE	of DISPOSIT	ION (Na	me of	DATE 20c. LOCATION — City or Town, State					
- 11-	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1 20001	rban	22. N/	AME AN	D ADDRESS OF FA	11-8 Silver Spring, Maryland ACILITY Services, P. A.					
	ina	MD 20910											
CERTIFICATION	ehock, or heert fellure. List pnly one ceuee on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to (or as a consequence of): Sequentially list conditione, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):												
												VERE AUTOPSY FINDINGS	
WEDICAL								PERFORMED? I YES 2 NO COMPLETION OF DEPARTH? 1 YES 2					
OI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	26. PL	ACE OF DEATH (Ch	eck only c	ne)				
PHYSI	1 TYES 2 NO 27. MANNER OF DEATH	1 Nonpatient 2 E			4 - Nursin		5 Realdence	-					
	1 Natural 5 Pending	(Month, Day,		28b. TIMI	URY M	8c. INJU WO! 1 Y	RK?	28d. DE	SCRIBE HOW	INJURY OC	CURED		
	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF I	NJURY — At hor c. (Specify)	me, ferm, a	treet, factor	y, office		281. LO	CATION (Street or Town, State	and Number	or Rural Rou	ite Number,	
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER											nd mannar ea ateted.	
BE	29b, GIGNATURE AND TITLE OF CERTIFIER	(,		1. 1		29c. LICENSE NUM	IBER		29d. DATI	E SIGNED (M	fonth, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALLES	OF DEATH STOR		n)		0273	6-	7	1	1/8/9	1	
	JEANNE R.	PELLMI	AN MA	8	630	1	CENTON	57	- 511	VER	Spi	PING MO	
	31. DATE FILED (Month, Day, Year)	32. REGISTRANS	MODEON - MO	ndett			7507						

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

FOR

18, 21 MM

BALTIMORE, MARYLAND 21215-0020	law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	as been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit lept. of Health and Mental Hygiene prior to burial, cremation, or removal.
LIMORE,	. Page 6 may be	al director, page
BAL	irs after death.	n by the funer removal.
	24 hou	filled i
50,	within 2	pletely
6876	ecuted	and com burial.
BOX	tificate be ex	g physician siene prior to
P.0	ath cer	ttendin iai Hyg
L RECORDS, P.O. BOX 68760,	s that the de	as been signed by the attending physician and completely filled in by the lept. of Health and Mental Hygiene prior to burial, cremation, or removal.
REC	w requires	been signature of Hea
	60	ep as

-	4-7-11	(First, Middle, Last)	PATR	ICIA	Α.	KE	LLY	DEA		2. DAT MON	E OF DEATH	O.	YEAR (7)	3. TIME OF D
0	4. SOCIAL SECURITY N		5. SEX		. last birthday)	IF UNDER	1 YEAR	IF UNDER	R 24 HRS.	7. DATI	OF BIRTH		Countr	IPLACE (State o
2	051-28	-	1 M 2 F	56	YRS.						th. Day. Year)	,193	D NE	W Yor
5								esd.		EATH			At CO	mery
CTOR	RESIDENCE OF I	DECEDENT							CI.			1101	1080	mer.y
L DIRE	Md .		tgomery		10c. CH	est	Bet	hes						10d. INSIDE C LIMITS? 1 YES 2
NERAL	7521 Spi	ringlal		D-2				208					J.S.	A .
BY FUNE	1 Never Merried 3 Widowed 4			NT EVER IN U.S 1 YES 2 WAR OR DATES		11	f yee, sp	endent control of the	ın, Mexice	n, Puerto	N? (Specify Y Rican, etc.)	ea or No-	14. RACE Black Specif	- American In White, atc.
8		DECEDENT'S EDU		16a.	DECEDENT'S	USUAL OC	CCUPATIO	ON et of working	200	16	b. KIND OF B	USINESS/IND	USTRY	
once. COMPLET	Elementary/Seconds 12th	ary (0-12)	College (1-4 or 5	+)	(Give kind of life. Do NOT u	se retired.) reta		St Or WOYNI	ng .		B.M	•		
bed bed	17. FATHER'S NAME (FIG	st, Middle, Last)		0.0777				1			Middle, Malde			
B	EDWARD 19a. INFORMANT'S NAM	ME (Type/Print)	FLAHE	RTY	19h MAII INC	ADDRESS	/Street e		ANNI		nber, City or To	REII		200
1 2	Maureen	Wlaher	rtv											209 ng,Md
st be	20e. METHOD OF DISPO	OSITION			CE AND DATE	OF DISPOSI				DA	-	OCATION —		
r must	4 Donation 5 0	Other (Specify)		- Metr	crematory or o	itan					/10/	91 A	lexa	ndria
examiner	21. SIGNATURE OF FUN	IEHAL SERVICE LI	CENSEE					Car				ma Fi W. Wa		al Ho
		or neart lanure.	List only one cau	use on each i	death, Do	not enter	tha mo	de of dy	ing, auci	h as car	diac or rea	piratory arm	est,	Approxi
other traumatic event, the medical	IMMEDIATE CAUSE disease or condition resulting in death) Sequentially list confi any, leading to immoduse. Enter UNDER CAUSE (Disease or that initiated evental	(Final nditiona, mediate RLYING injury	BUE TO	IDR AS A CON	SEQUENCE O	1	L C	de of dy	ing, auci	h as car	diac or real	piratory arm	est,	Approxi Interval Onset a
any injury, or other traumatic event, the DICAL CERTIFICATION	IMMEDIATE CAUSE disease or condition resulting in death) Sequentially list con if any, leading to im cause. Enter UNDEF CAUSE (Disease or	(Final noditiona, mediate RLYING Injury	BUE TO DUE TO d.	IDR AS A CON	SEQUENCE O	n f	L C	in the second se	ng, auc	h as car	diac or real	N AUTOPSY	24b.	Approxi
hows any injury, or other traumatic event, the MEDICAL CERTIFICATION	IMMEDIATE CAUSE disease or condition resulting in death) Sequentially list confirmance in any, leading to immediate the cause. Enter UNDEF CAUSE (Disease or that initiated evental resulting in death) I	(Final noditiona, mediate RLYING Injury LAST	BUE TO DUE TO d.	IDR AS A CON	SEQUENCE O	n f	derlying	cause (glven in	h as car	24a. WAS AI PERFO	N AUTOPSY	24b.	Approxi
MEDICAL CERTIFICATION	IMMEDIATE CAUSE disease or condition resulting in death) Sequentially list con if any, leading to im cause. Enter UNDEF CAUSE (Disease or that initiated events resulting in death) I. PART II. Other aligning the cause of the	(Final noditiona, mediate RLYING injury LAST	DUE TO DUE TO C. DUE TO d. PLOSPITAL:	ION AS A CON	SEQUENCE O	F):	derlying	cause ç	given in	Part I.	24a. WAS AI PERFO	N AUTOPSY	24b.	Approxi
TYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE disease or condition resulting in death) Sequentially list con if any, leading to imm cause. Enter UNDER CAUSE (Disease or that initiated eventa resulting in death) I. PART II. Other aligning the control of the cause of t	(Final noditiona, mediate RLYING injury LAST	DUE TO d. DUE TO d. 1 Inpellent 2 28e. DATE OF	IOR AS A CON OR AS A CON OR AS A CON Description of the control	SEQUENCE O	OTHER 4 IN Nursi	derlying	Cause (given in	Part I.	24a. WAS Al PERFO	N AUTOPSY PRIMED?	24b.	Approxi
, or item 23 shows any injury, or other traumatic event, the IYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE disease or condition resulting in death) Sequentially list confirmation in the confirmation of the cause. Enter UNDER CAUSE (Disease or that initiated evental resulting in death) L PART II. Other aligns 25. WAS CASE REFERRE EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5	(Final noditiona, mediate RLYING injury LAST	DUE TO DUE TO C. DUE TO d. S Contributing to	IOR AS A CON OR AS A CON OR AS A CON Description of the control	SEQUENCE O	OTHER 4 🗆 Nursi	derlying 26. PL. 1: Ing Home	Cause (given in	Part I.	24a. WAS AI PERFO	N AUTOPSY PRIMED?	24b.	Approxi
28 is marked, or item 23 shows any injury, or other traumatic event, the TED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE disease or condition resulting in death) Sequentially list confirmation in the confirmation of the confirmation of the cause. Enter UNDER CAUSE (Disease or that initiated events resulting in death) L PART II. Other aligning the cause of the cause	(Final noditiona, mediate RLYING Injury LAST	DUE TO	IOR AS A CON OR AS A CON OR AS A CON Description of the control	SEQUENCE O SEQUENCE O SEQUENCE O Tresulting 28b. Tim	OTHER 4 Nursi E OF URY M	derlying 26. PL. 1: ling Home 28c. INJU 1 Y	ACE OF DO	given in	Part I. Peck only of G Other 28d. DE	24a. WAS Al PERFO	N AUTOPSY PMED? 2 NO INJURY OCC	24b.	Approxinterval Onset a Mon Gallerian WERE AUTOPSY AMAILABLE PINK COMPLETION O OF DEATH? 1 YES 2
It tiem 28 is marked, or item 23 shows any injury, or other traumatic event, the MPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE disease or condition resulting in death) Sequentially list confirming and in cause. Enter UNDEF CAUSE (Disease or that initiated eventa reaulting in death) L PART II. Other aligning and in the cause of the ca	(Final noditions, amediate RLYING Injury LAST Inficant condition investigation investigation detarmined CERTIFYING PHYSI	DUE TO	ION AS A COM (OR AS A COM death but no ER/Outpetlent ENJURY lay, Year) OF INJURY — At etc. (Specify)	SEQUENCE O SEQUENCE O SEQUENCE O Tresulting 28b. Tim IN. home, tarm,	OTHER 4 Nursi E OF URY M	derlying 26. PL. 1: ling Home WOI 1 Yory, office	ACE OF DIARY AT ARY 2 and place,	given in EATH (Che	Part I. Pack only o 6 Oth 28d. DE	24a. WAS AI PERFO 1 VES ar (Specify) SCRIBE HOW CATION (Street or Town, State	N AUTOPSY PMED? 2 NO INJURY OCC	24b.	Approxi Interval Onset a Mon
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DHMH-16 Rav 1/89

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTME CERTIFICA	NT OF HEALTH	AND MENTA	L HYGIENE REG. NO.		2046
	1. DECEDENT'S NAME (First, Middle, I	ast) Louis John K	ETTEL		2. DATE MONT	OF DEATH	GYEAR	3. TIME OF DEATH
)	4. SOCIAL SECURITY NUMBER 342-24-1555	1 M 2 D F	(In yrs. lest birthday) IF UN 62 YRS. MONTH			OF BIRTH h, Day, Year) 429	Coun	HPLACE (State or Foreign try) Cago, IL
HOL	98. FACILITY NAME (If not institution, g	HOSPITAL		BE TH	IESD H		INTY OF	
DIREC		UNTY ONTGOMERY	10c. CITY, TOW	N OR LOCATION	ASE			10d. INSIDE CITY LIMITS? 1 VES 2 NO
NERAL	10e. STREET AND NUMBER CGO WISC	assed Ave	3	101. ZIP COD	815		U.S	what country?
BY FUN	1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 Y YES IF YES, GIVE WAR OR D	2 NO	II yes, specify Cube 1 YES 2 SMO.	in, Maxican, Puarto	N? (Specify Yes or No— Ricen, etc.)	14. RAC Blac Spec	E — American Indian, ik, Whita, atc.
ETED	15. DECEDENT'S (Specify only highest (Elementary/Secondery (0-12)	EDUCATION prade completed) College (1-4 or 5+)	16a, DECEDENT'S USUAL (Give kind of work do life. Do NOT use retire	ne during most of working	ng 16t	. KIND OF BUSINESS/IN	OUSTRY	MILLE
COMPL	17. FATHER'S NAME (First, Middle, Last		Physician			SSOC. Of Am	er.M	edical Col
O BE	Alfred C. Kett 190. INFORMANT'S NAME (Type/Print)	:el	196, MAILING ADDR	ESS (Street and Number	lanora D	egen ber, City or Town, State, Zi,	p Code)	
_	Lois Kettel 20a. METHOD OF DISPOSITION 1 Burlel 2 X Cremetion 3	Removal from State Con	5600 Wiso	OSITION (Name of	e. Chev	V Chase M	City or To	20815 own, State
	4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	N	It. Comfort	Crematory 2. NAME AND ADDRE Joseph Gav	ss of facility wler's Se			
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. MYC AR D DUE TO (OR AS A DUE TO (OR AS A C. DUE TO (OR AS A d.	CONSEQUENCE OF):	NFARC	NARC	Disense		Approximate Interval Betwee Onset and Deat ACOTE
N: MEDICAL	PART II. Other significant condi	tions contributing to death b		underlying cause (given in Part I.	24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	246	WERE AUTOPSY FINDING AWAILABLE PRIDT TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:	other 3 0 DOA other	ER:	EATH (Check only on			
ву рну:	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY 06 00 M	28c. INJURY AT WORK? 1 YES 2	NO CULL	CRIBE HOW INJURY OC		
ETED	3 Suicide 6 Could not determine	building, alc. (Spec	ito Me		City	ATION (Street and Number or Town, State)		Roufe Number,
COMPL	2 MEDICAL EXAM	AYSICIAN: To the best of my knowledge. On the beels of examination	edge, death occurred at the and/or investigation, in m	lime, dete and place, y opinion, death occur	, end due to the ceu ed at the time, data	se(s) and manner as ata and place, and due to the	ted. ne cause(e) and manner as stated.
TO BE	30. NAME AND ADDRESS OF PERSON	E1/14	TH (TEM 27) (Xee P.)	Do	TO 9	9 1	E SIGNED	(Mgnth, Day, Year)
	FINANCIS () 31. DATE FILED (Month, Day, Year)	MAYLES 200	Wis con	Francis	Mayle, I	D WESDA	1-7	208/4
	NOV 08 '91	This Davidson	Managara .					

1 - 3	FOR STATE REGISTRAR
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO

_	_	REGISTRAR		CERTIFICA	TE OF DEATH	REG. N	10.		
		1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	DAY	3. TIME OF DEATH	
-	V	MARGARET FER	RIS KELLY			NOVEMBER		91 6:50 P	М
(P	1	4. SOCIAL SECURITY NUMBER	S. SEX 6. AGE		NOER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign	
100	1	013-12-4459	1 □ M 2 🖁 F 81	YRS. MON	THS DAYS HOURS MIN.	(Month, Day, Year)		Country)	
		9e. FACILITY NAME (If not institution, give		9b.	CITY, TOWN OR LOCATION OF			MASSACHUSETTS Y OF DEATH	
Mail	1 5	BETHESDA RETIRE	MENT & MIDCE	VC CUID C	HEVY CHASE		250275	2001	
Altonomora y Kara Court	5	HESIDENCE OF DECEDENT					_ I_MON'	CGOMERY	_
Pages	DIRECTOR	10e. STATE 10b. COUNT		10c. CITY, TO	WN OR LOCATION			10d. INSIDE CITY	
Į.			TGOMERY	SIL	VER SPRING			1 YES 2 NO	
permit.	3AL	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?	
020 physician. burial-transit	FUNERAL	2107 DEXTER AVEN			20902		US	SA	
020 physician. burial-trar	E	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER I		13. WAS DECENDENT OF HISP. If yee, specify Cuben, Maxi-	ANIC ORIGIN? (Specify		4. RACE — American Indian, Black, White, atc.	
-0020 fing physic the burial-	BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D		1 YES 2 XNO Spec	elly:	0.37	Specify:	
8 % U	ED E	1S. DECEDENT'S EDI	I CATION					HITE	
	ETE	(Specify only highest grad	e completed)	18e. DECEDENT'S USUA (Give kind of work of life Do NOT use retir	one during most of working	18b. KIND OF I	BUSINESS/INDUS	STRY	
2 E	12	Elementary/Secondery (0-12)	College (1-4 or 5 +)		ou.)				
AND the hospit detached	COMPL	17. FATHER'S NAME (First, Middle, Last)		SECRETARY			L GOVER	NMENT	
YLA by the be det			EDDIG		18, MOTHER'S N	IAME (First, Middle, Maid	an Surname)		
A pand pould	BE	MAURICE F1 190. INFORMANT'S NAME (Type/Print)	ERRIS	401 441 440 450		RY BUCK			
MARY retained b	2	JAMES J. KELLY	(1711 GD 4 37D)		RESS (Street and Number or Rura				
m d g a		20s. METHOD OF DISPOSITION	(HUSBAND)	12107 DEX	TER AVENUE S	ILVER SPR	ING MAR	YLAND 20902	
ORE 6 may ector, pa		1X Burlel 2 Cremetion 3 Ran 4 Donetion S Other (Specify)	noval from State Cen	D. PLACE AND DATE OF DIS	ace!			ly or Town, State	
		21. SIGNATURE OF FUNERAL SERVICE OF	tenses	ATE OF HEA	VEN CEMETERY 22. NAME AND ADDRESS OF F	11/13 SI	LVER SP	RING, MARYLANI	
ALTIN death. Pag tuneral di		1. 11 2	11) 1 1	A	FRANCIS J. CO	LLINS FUN	ERAL HO	ME, INC.	
		Mualhy	Markell		500 UNIVERSIT	Y BLVD W	STT. S	PP MD 20001	
d in by moor remains		23 PAID 4. Enter the diseases, or ahock, or heart fallure.	complications that caused List only one cause on e	d the death. On not a	nter the mode of dying, au	ch as cardiac or res	plratory arres	it, Approximate	
		IMMEDIATE CAUSE (Final	/ 1	A	1 1			Interval Betwee	
in the start of		disease or condition reaulting in death)	a. HVI	droceo	nalus				
68760, ecuted within the complete burial, cremitatic event,			DUE TO (OR AS A	CONSEQUENCE OF					
OX 6876 be be executed sician and coming to burial, traumatic ev	NO	Sequentially list conditions,	b						
OX OX be exician a dician a	CATION	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):					
O. B. ertificate ing physical principle princi	12	CAUSE (Disease or injury	c	A CONSEQUENCE OF):					
P.O. Hygien Hygien or oth	RTIFI	that initiated eventa reaulting in death) LAST	DOL TO (ON AS A	CONSECUENCE OF J.					
F = 5 -	E		d						
the deary the att of Menta		PART II. Other algnificant condition	ns contributing to death b	out not resulting in the	underlying cause given in	Part I. 24a. WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDING	3S
OR OR	DICAL	H100	thyroidi	SM		1 YES	ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
Signal Signal	l III	/					2 110	OF DEATH?	
	N: M							1 123 2 100	
2 0 5	SICIAN:	25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF DEATH (C	heck only one)			
SICIAN: The certificate in the State 1, or item	Sic	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outp	patient 3 DOA	HER:	6 Other (Specify)			
11 9 9 = -	РНУ	27. MANNER DE DEATH	28a. DATE OF INJURY	28b. TIME OF	28c. INJURY AT	28d. DESCRIBE HOV	V INJURY OCCU	RED	\dashv
NG PHYS feer this ceath with marked.	ВУ Б	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Yeer)	INJURY	WORK?				
NOING NOING HEATH	0	3 Suicida 6 Could not be	28s. PLACE OF INJURY	— At home, ferm, street,	factory, office	281. LOCATION (Street	at and Number or	Rural Route Number,	
DIVISION OR ATTENDING ORECTOR: After hours after death item 28 is ma	ETE	4 Homicide determined	building, atc. (Spec	снуј		City or Town, Sta	(a)		
		290. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the heat of my know	ladge death occurred at t	he time, data end pieca, end du				\dashv
	COMPL				ne time, data end pieca, end du my opinion, daath occured at th				
HOS Within		290. DIGNATURE AND THE OF CERTIFIE					-	1	
五五百	8	1 /	denson	1	29c. LICENSE NI	JGM -	29d, DATE S	SIGNED (Month, Dhy, Year)	
2 2 2 ₹	2	30. NAME AND ADDRESS OF PERSON WH	10 COMPLETED CAUSE OF DE	ATM (ITEM 27) (To 1)	10	1113	1//	11171	
10		9701	An (()	(Type, Print)	Silver	Soline	110	170500	
10		31. DATE FILED (Month, Day, Year)	32/REGISTRATIS-SIGN	ATURNO A 64	211011	711115	10101	20102	_
23		NOV 1 2 1991	Gula Davidso	m-Handelle		/			

Market 1891 April 1891

	1. DECEDENT'S NAME (First, Middle, Last)	C1i	0	1/				2. DATE O		AY 10	YEAR	. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	Florine 5. SEX	Dana							9, 19		3:50 F
	082-18-7203	1 M 2 V F		yrs. last birthday) YRS.	MONTHS D	AYS HOU	JAS MIN.		Day, Year)		8. BIRTHPL Country)	ACE (State or Fore
1	9a. FACILITY NAME (If not institution, give s		85) 145.	AL OUTY TO	1101 00 10	24724 27	Aug.	20,	1906		York
E	Circle Manor Nurs					singt	CATION OF D	EATH			tgome	
REC	10a. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN OR L	OCATION					1	Od. INSIDE CITY
0	Colorado 10. STREET AND NUMBER	El Paso		Co.	lorado						1	LIMITS? YES 2 N
FUNERAL	104 South Cascade	Avenue				101. ZIP (at country? States
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4XX Divorced	12. WAS DECEDENT FORCES? 1 (IF YES, GIVE WA	YES	2 XNO	If ye	DECENDE e, specify (YES 2X	NT OF HISPAI Cuban, Maxica (NO Specif	n, Puarto Ri	(Specify Yas	or No—	Specify:	- American Indian White, etc.
2	15. DECEDENT'S EDUC (Specify only highest grade	CATION	1	8a. DECEDENT'S	USUAL OCCU	PATION		16b. I	(IND OF BU	SINESS/INDI		hite
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)		life. Do NOT u	work done during se retired.)	ng most of w	vorking					
MP		6		Psychol	ogist			Net	ropsy	ychiat	tric	Hospita
8	17. FATHER'S NAME (First, Middle, Last)					18. 1	MOTHER'S NA	ME (First, Mi	ddle, Maiden	Surname)		
BE	Richard T. Dana						lary Mo					
2	19a, INFORMANT'S NAME (Type/Print)				ADDRESS (St							
	W. Bruce Kopper							, Col	orado	Spri	ngs,	CO 8090
	1 Buriel 2X Cremation 3 Remains A Donetton 5 Other (Specify)	oval from State	20b. P	LACE AND DATE (ary, crematory or o IDURDAN	OF DISPOSITIO	N (Name of		DATE		CATION — C		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1 50	burban			DRESS OF FA	11-5	Sil	ver S	pring	, Maryl
	· Ellen y	U. Ro	P		Ran	op Fu	neral	Serv	ices, Silve	P. A	ina.	MD 2091
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (0	OR AS A CO	ONSEQUENCE OF	-): -):							Zda
	PART II. Other significant conditions	s contributing to d	leath hut	not requiting i	- the conden	lula a sa						
		_ commutating to t		not issutting t	n the under	lying caus	se given in		PERFOR	MED?	AA CC	ERE AUTOPSY FINE MILABLE PRIDR TO DMPLETION OF CAL
V: MEDICAL								-			1 ,	F DEATH?
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HARRY W. HORE WHALLE WILLIAM STATE OF THE ST Fq.

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irector		mus
e funeral d	after death with the State Oept. of Health and Mental Hygiene prior to burial, cremation, or removal.	28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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After	death	s ma
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-	(52)	OIL

IMPORTANT: If Item

31. DATE FILED (Month, Day, Year)
NOV - 7 1991

P2 REGISTRAR'S SIGNATURE GUNA DENGLOS PRINCESS

TRESISTION CORPT SHAME PINE, LANGE, Casy) WILLIAM FRIENDS 1.500.4 SCORE STORES WILLIAM FRIENDS 1.500.4 SCORE STORES 1.500.4 SCORE STORES 1.500.4 SCORE STORES 1.500.4 SCORE STORES 1.500.4 SCORES 1.500	1	FOR STATE	STATE OF I	MARYLAND						MENTA	L HYGIEN	9 I	3 4	. U 4 5
## ADDA MODIFY MARKED *** ADDA MODIFY MODIFY *** ADDA MODIFY MARKED *** ADDA MODIFY *** ADDA		REGISTRAR		C	ERTIF	ICATE	OF	DEA	TH		REG. NO).		
### SCOLA SECURITY NUMBERS S. SEZ 6. AGE (P) YES AND WHOM YES ADD TO SHITT THE YES AND CONTROL OF THE YES	1									2. DATE	OF DEATH	AV	VEAR	3. TIME OF DEATH
\$4. PACLYT MANK If not installable, the started and unitarity of the pack of unitarity processes and u			JR							100000000000000000000000000000000000000				6:30 P:M
PRINCE GEORGES - NOS-PITAL CENTER	1		5. SEX	6. AGE (In yrs. I	ast birthday)			-	_	7. DATE	OF BIRTH		8. BIRTH	PLACE (State or Foreign
PRINCE GEORGES - NOS-PITAL CENTER		202-20-5434	1X M 2 F	69	YRS.	MONTHS	DAYS	HOURS	MIN.	6-	22-22		New	Jersev
PRINCE GEORGES THE CONTROL OF DESCRETE THE STATE OF DESCRETE THE	9	e. FACILITY NAME (If not institution, give :	street and number)			9b. CITY	, TOWN	OR LOCATI	ION OF I			9c. CO		
19. STATE SECRETARY SECRET	ġ.	PRINCE GEORGES H	OSPITAL	CENTER		C	HFVF	FRIY						
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4 Homicide determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beele of exemination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner se stated. 29f. DICHATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 29g. LICENSE NUMBER 29g. LICENSE NUMBER 29d. DATE SIGNED (Manth, Day, Year) 11 5 91	n n		20- 01 405 0	F IN HIPM					NO					
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D42509 In hame and address of Person who completed cause of Death (ITEM 27) (Type, Print)				-										
DIR. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	ם "		* ***					1 1				29d. DA	TE SIGNED	Month, Day, Yeer)
The some Elite Gross of Death (Hem 21) (1998, Print)		www.com/www						リイン	>0	7			11/5	191
	30	NAME AND ADDRESS OF PERSON WH												

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YSICIAN: The law requires that the death certificate be executed within the control of the law requires that the law requires that the law requires that the law requires that the law remained by the nospital of attending physic	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burital the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	
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CIA	is certificate has been signed by the attending physician and completely filled in by the fith the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remoral.	ed, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
32	SH	2

31. DATE FILED (Month, Day, Year)
NOV 08 '91

30. REGISTBAR'S SIGNATUR

	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)			CATE OF	DEATH AND I		REG. NO.	3. TIME OF DEATH
	Delares L	- MIL) anough	h		MONTH	1 DAY	7 1:18 P
	4. SOCIAL SECURITY NUMBER 578 - 20 - 2635	5. SEX 6. AGE		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D	BIRTH By Year) — 23	8. BIRTHPLACE (State or Foreign Country) Washington, I
80	Shady Coul A	duentist	Hosp.		OR LOCATION OF DE	EATH		nty of DEATH ntgomery
DIRECTOR	100. STATE 10b. COUNTY Maryland Monto	gomery	10c. CITY,	TOWN OR LOCAT				10d. INSIDE CITY LIMITS? XX YES 2 \(\text{\text{NO}}\) NO
FUNERAL	100. STREET AND NUMBER 4 Monroe Street	et, Unit 306		101	ZIP COOE	50	10g. CITI	U.S.A.
BY	11. MARITAL STATUS 1 Never Merried 2 Merried XX Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2)(XNO	If yee, ep	ENOENT OF HISPAI ecity Cuben, Mexice 2XXNO Specifi	n, Puerto Ric		14. RACE — American Indian, Black, White, etc. Specify: White
TED	15. DECEDENT'S EDUC (Specify only highest grade		16e. DECEDENT'S U (Give kind of wo life. Do NOT use	ork done during mo	ON est of working	16b. Ki	IND OF BUSINESS/IND	USTRY
COMPLETED	Elementary/Secondery (0-12)	College (1-4 or 5+)	Specifi		Aide		WSSC	
	17. FATHER'S NAME (First, Middle, Last) Karl		Cussle	r	18. MOTHER'S NA	ME (First, Mid	dle, Maiden Surname)	Breen
BE	19e. INFORMANT'S NAME (Type/Print)					Route Number,	Cify or Town, State, Zip	
2	Richard B. Smith		14924	Keenel	and Circ	le, Ga	aithersbur	cg, MD 20878
	20e. METHOD OF DISPOSITION XX Burlel 2 Cremation 3 Rem-	oval from State	b. PLACE OF DISPOSI other place) Cedar Hil				Suitland	City or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE		RODE	ND ADDRESS OF FA	mphres	Funeral	Homo
	23. PART I. Enter the diseases, or o			Rock Aven	ville, I ue. Rock	nc ville	300 West M Maryland	fontgomery 20850-2805 rest, Approximate
	shock, or heart fellure. iMMEDIATE CAUSE (Finel	Carding	d the death. Do no	Rock Aven ot enter the mo	ville, I ue. Rock	nc ville	300 West M Maryland	ontgomery 20850-2805
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ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death	DR: After this certificate has been signed by the attending physician and completely filled in by the fune	'ter death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
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	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEF	PARTMEN	T OF H	EALTH AND	MENT	AL HYGIEN		0	2001
	1. DECEDENT'S NAME (First, Middle, Lest) JUAN	CARL	08	MUNOZ	Z-C0	LBERG		TE OF DEATH	AY †	YEAR 9	3. TIME OF DEATH 5:35 P M
)	4. SOCIAL SECURITY NUMBER 214 02 7626 9a. FACILITY NAME (If not institution, give si	1 🛛 M 2 🗆 F 2	E (In yrs. last birtho	MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	Jul	Y 26,		Was	hington, D.
POR	BOY SCOUT RD.		, MD			PARK	DEATH			RRE	
DIRECTOR	10a. STATE 10b. COUNTY	gomery		cory, town							10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER					ZIP CODE			10g. CIT	ZEN OF V	1 X YES 2 NO WHAT COUNTRY?
FUNERAL	9603 Hillridge Dr: 11. MARITAL STATUS 1 Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2X NO		If yes, spe	20895 ENDENT OF HISP/ polify Cuban, Maxic	en, Puerl	GIN? (Specify Yes		14. RACI Black	States - American Indian, k, White, afc.
ED BY	3 Wildowed 4 Divorced 15. DECEDENT'S EDUC (Specify only highest grade	CATION	18e. DECEDER	T'S USUAL O	CCUPATIO	Puerto	Rica	nn 66. KIND OF BU	SINESS/INC	Speci	White
COMPLET	Elamentary/Secondary (0-12)	College (1-4 or 5+) 5	Assist	of work done of usa retired.) cant M				Restau	ırant		
ш	17. FATHER'S NAME (First, Middle, Last) Carlos A. Munoz					18. MOTHER'S N		, Middle, Maiden Stear			
TO B	198. INFORMANT'S NAME (Type/Print) Carlos A. Munoz					nd Number or Rural					and 20895
	20a. METHOD OF DISPOSITION 1 % Buriel 2 Cremetion 3 Ramo 4 Donation 5 Other (Specify)	oval from State	0b. PLACE AND DA	TE OF DISPOS	SITION /Na	me of	D	TE 20c. LO	CATION —	City or To	wn, Stata
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSER	00689	22. He	ome/	D ADDRESS OF F Bethesda	acility :	Robert evy Cha	A. P	umph: Inc.	ng,Maryland rey Funeral 7557 yland 20814
CERTIFICATION	23. PART the diaeasea, or content failure. If the diaeasea, or condition resulting in death) Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events.	MULTIPL DUE TO (OR AS	each line.	URIES E OF):							Interval Between Onaet and Death
CERTI	resulting In death) LAST	b									
PHYSICIAN: MEDICAL	PART II. Other aignificant conditions	a contributing to death	but not resulti	ng in the un	nderlyIng	cause given in	Part I.	24s. WAS AN PERFOR 1 YES 2	MED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 X NO
ICIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER		ACE OF DEATH (C)	heck only	one)			
	1 X YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpatient 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Year) 1 -4 -9	28b.	TIME OF INJURY	28c. INJU	5 ☐ Residenca	26d. Di	1.1. 27		URED ()	CCUPANT
TED BY	2 X Accident Investigation 3 Suicids 6 Could not be determined	28a. PLACE OF INJUR building, etc. (Sp.	RY — At home, far			Z X NO		CATION (Street a y or Town, State) CR PAR			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	CIAN: To the best of my known.	wledge, death occ	curred at the ti	lma, date a	and place, and due	o fo the c	suse(s) and man	ner aa state	ed.	
TO BE CO	296 OF CENTIFIER AND TITLE OF CENTIFIER	hel.				O . C . I	MBER		29d, DATE	SIGNED	(Month, Day, Year) ER 5,1991
	MARGARITA A.]	KORELL M.I	0.		PEI	NN ST.	BAI	TIMOR	E,MD	. 2	1201
	NOV 07 '91	Julia Davidon	Mandell								DHMH-16 Rev 1/69

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mer this certificate has been signed by the attending physician and completely lilled in by the Tuneral director, bade 5 sh		marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notil
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ripletely	eath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	vent,
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM	ENT OF HEALT	H AND A	MENTAL HYGIEN REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last) Patty M	PATTY M. N	MARCUM			2. DATE OF DEATH MONTH DA	Y YEA	3. TIME OF DEATH
)	4. SOCIAL SECURITY NUMBER 220-28-5082	1 M 2 🗆 F	72 YRS. MON	THS DAYS HOUR		7. DATE OF BIRTH (Month, Day, Year)	Ø. 8	RTHPLACE (State or Foreign
CTOR	90. FACILITY NAME (If not institution, give so was hing two	ACVENTS ad Rehab	tenfer T	aroma	7	ATH	9c. COUNTY C	Toomers
DIRECTOR	100. STATE 10b. COUNT Mont	gomery	10c. CITY, TO	WN OR LOCATION Takom	a Parl	k		10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 7525 Carroll	Avenue		101. ZIP CO	ODE		10g. CITIZEN O	OF WHAT COUNTRY?
B⊀	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2X NO	13. WAS DECENDENT If yee, specify Cu 1 YES 2 N	ıban, Mexicen	IC ORIGIN? (Specify Yae i, Puerlo Ricen, atc.)	8	ACE — American Indian, llack, White, atc. pecify: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use reti	done during most of wor red.)		18b. KIND OF BUS		
	17. FATHER'S NAME (First, Middle, Last) Daniel S. Ke		Engineer	Assistan	OTHER'S NAM	Goods (First, Middle, Maiden S Lley School	Sumame)	ce Center
TO BE	190. INFORMANT'S NAME (Type/Print) Robert Marc				ber or Rural R	oute Number, City or Town Silver Spr:	, State, Zip Code,	
	20a METHOD OF DISPOSITION 1 A Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State 20b.	PLACE AND DATE OF DIS etery, crematory or other p Lington Na	SPOSITION /Name of		DATE 20c. LOC		Town, State
	21. SIGNATURE OF VINERAL SERVICE LIC	hant		11800 N.H	H. Ave	Funeral Ho	ome Spring	, Md. 20904
	23. PART /. Enter the diseases, of a shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	. Chronica	the death. Do not entry inch line.			as cardiac or respir	atory arrest,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events.	с	CONSEQUENCE OF):					
- 13	resulting In death) LAST	d						
PHYSICIAN: MEDICAL	PART II. Other algnificant condition	e contributing to death bu	ut not resulting in the	e underlying cause	given in P	24a. WAS AN A PERFORM 1 YES 2	MED?	Ab. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		PER: Nursing Home 5 1				
ВУ РН	27. MANNER OF DEATH 1 Naturel 5 Pending 2 Accident Invastigation	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?		28d. DESCRIBE HOW IN	JURY OCCURED	
	3 Suicida 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Special	At home, farm, street,	fectory, office		281, LOCATION (Street en City or Town, State)	d Number or Run	al Route Number,
COMPLET	29a. CERTIFIER (Chock only one) 1 CERTIFYING PHYSIC One) 2 MEDICAL EXAMINE	CIAN: To the best of my knowle	end/or investigation, in	he time, date and placemy opinion, death occ	e, end due to	o the ceuse(a) end mann	er ee atated,	e(e) end manner ee stated.
TO BE C	29b. SIGNATURE AND TITLE OF CENTIFIER	Le p	n		PENSE NUMB			ED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Print)	the J	1, 2	12091	04	
	31. DATE FILED (Month, Day, Year) NOV 1 3 1991	32/ AFGISTRAR'S SIGNA	- Fandall		1			

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct be fleed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTM	ENT OF H	EALTH AND DEATH	MENTAL HYGIENI REG. NO.	E	
1	1. DECEDENT'S NAME (First, Middle, Last)	Marc	livoss			2. OATE OF OEATH MONTH DA	91	3. TIME OF DEATH
P)	214-76-5614	M 2 F 4	O YRS. MON		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) June 4, 1	8. Bi	RYHPLACE (State or Foreign ountry) Iran
CTOR	90. FACILITY NAME (If not institution, give street HOLY COSS HOS RESIDENCE OF DECEDENT	spital	9b.	SILVE	Spriv	EATH S	9c. COUNTY O	gonery.
DIRE	Maryland Montgo	mery		www.orlocat cville	ON			10d. INSIDE CITY LIMITS? 1 YES 2 NO
JERAL	1731 Evelyn Drive			101.	ZIP CODE 20852		10g. CITIZEN C	OF WHAT COUNTRY?
BY FUNE	3 Widowed 4 Divorced	. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	. □Mo	If yee, spe	endent of Hispai city Cuben, Mexice 2 NO Specifi	NIC ORIGIN? (Specify Yee in, Puerto Ricen, etc.)	В	ACE — American Indian, lack, White, etc. pecity: White
APLETED	Elementery/Secondary (0-12)	ON 160 160 160 160 160 160 160 160 160 160	Give kind of work of life. Do NOT use retires	one during mos ed.)	N t of working	166. KIND OF BUS	iness/industr	
COMPL	17. FATHER'S NAME (First, Middle, Lest) Vartan Mardirossi	20				ME (First, Middle, Malden S	Surname)	
ifled a	19e. INFORMANT'S NAME (Type/Print)	an	19b. MAILING ADD	RESS (Street or		Sarkisian Route Number, City or Town	Plata 7in Cada	
TO TO	Deanna Ner-Mardiro	ssian				ckville, Ma		
r must b	20e. METHOD OF DISPOSITION 1 K Burlel 2 Cremetlon 3 Removal 4 Donetlon 5 Other (Specify)	rrom State cemetery Gat	ACEAND DATE OF DIS y, Cramatory or other pl e of Heav	en Cer	metery 1	1/12/91 Si	ation - chy of	ring, MD
i examine	21. SIGNATURE OF FUNERAL SERVICE LICENS	ernah	M00198	Robert 300 T Rocks	ADDRESS OF FA A. Pum Vest Mon Ville. M	phrey Funer tgomery Ave	ral Homenue	e/Pockvillo
other traumatic event, the medical examiner must be notitled at once. TIFICATION TO BE COM	23. PART I. Enter the disease, or com shock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition reaulting in desth)	plications that caused the only one cause on each TSchould Due TO (OR AS A CO)	Heur		s ecs		atory arrest,	Approximate interval Between Onset and Death
5 E	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST	DUE TO (OR AS A COI						
item 23 shows any injury, SICIAN: MEDICAL C	PART II. Other significant conditions co	ontributing to desth but n	ot resulting in the	underlying	cause given in	Pert I. 24e. WAS AN A PERFORM	IED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
item 2		OSPITAL: V	110	26. PL/	CE OF DEATH (Che	ock anly one)		
is marked, or item D BY PHYSICI	1 YES 2 NO 1 [27. MANNER OF DEATH 1 Netural 5 Pending investigation	28e. DATE OF INJURY (Month, Day, Year)		Nursing Home 28c. INJU WOR	RY AT	S Other (Specify) 28d. DEŞCRIBE HOW IN.	JURY OCCURED	
ETED B	3 Suicide S Could not be 4 Homicide determined	26e. PLACE OF INJURY — A building, etc. (Specify)	it home, ferm, atreat,	fectory, office		281. LOCATION (Street an City or Town, State)	d Number or Run	el Routa Number,
IMPORTANT: It item 28 D BE COMPLETE	29e. CERTIFIER (Check only one) MEDICAL EXAMINER: O	To the beat of my knowledge	o, death occurred at ti	ny opinion, de	nd plece, end due	to the ceuse(e) end menn	er se stated.	e(e) end menner ee stated.
TO BE	206. SIGNOTORIE AND THE OWNER WAS A SO, NAME AND ADDRESS OF PERSON WAS A	nuiro	, MD		D2 50	180	29d. DATE SIGN	ED (Month, Day, Year)
	Frank N. Gran	MPLETED CAUSE OF DEATH (George George	ice A	ce, si	luer Sprin	y, M	Ò
	31. DATE FILED (MONTH, Day, Year) NOV 12 '91	32. BEGISTBAR'S SIGNATUR	andell				9	

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Carl March S. Caranton Leads & Salar Stiller Sheart Trick

BALTIMORE, MARYLAND 21215-0020	he law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tra E Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	A 10 10 10 10 10 10 10 10 10 10 10 10 10
BALTIM	24 hours after death. Page	r filled in by the funeral dire	the modern of
BOX 68760,	sate be executed within	hysician and completely prior to burlal, cremat	transfer avent
AL RECORDS, P.O. BOX 68760,	equires that the death certifical	has been signed by the attending physician and completely filled in by the a Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	and 20 about any indicate an other frammatic manual about the modern of
AL R	he law r	has be	22 0

	1. DECEDENT'S NAME (First, Middle, Last	7)					DEAT	-	2. DATE	OF DEATH			3. TIME OF DEA
		Earl B.	Marqu	Jis					MONTH	H D	9. 19	991	11:30
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	AGE (In yrs. las		IF UNDER	R 1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTN	0, 10	8. BIRTH	IPLACE (State or I
	324-24-6216	1 X X M 2 □ F	61	YRS.	MONTHS	DAYS	HOURS	MIN.		2, 19	930	Counti	inois
	9a. FACILITY NAME (If not Institution, give	street and number)			9b. CITY	r, TOWN	OR LOCATIO	ON OF DE		-, -	-	INTY OF D	
20.71	5805 Kirkwood D	rive				Beth	nesda				Mor	ntgom	arv
)	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	TV		40. 017							1 1101	reguii	
	11 2 1				Y, TOWN		TION						10d. INSIDE CIT LIMITS?
	10e. STREET AND NUMBER	tgomery		Re	thes		f. ZIP CODE						1 YES 2
	5805 Kirkwood Dr	ivo							0		1		WHAT COUNTRY?
	11. MARITAL STATUS	12. WAS DECEDENT EVI	ER IN U.S. AR	MED	13		20816			l? (Specify Yai	Un		States
	1 Never Married 2 X Married	FORCES? 1V Y	YES 2 N	10		If yea, sp	ecify Cuba	s, Maxica	n, Puerlo F	Rican, etc.)	a or No—	Black	E — Amarican Ind k, Whita, atc.
	3 Widowed 4 Divorced	Korean	Carno			7ES	2 X NO	Specify				Speci	white
	15. DECEDENT'S ED (Specify only highest grad	UCATION	16a. DE	CEDENT'S	USUAL O	CCUPATIO	ON		16b.	KIND OF BU	SINESS/INI		MILLE
	Elementary/Secondary (0-12)	College (1-4 or 5+)	lite.	Do NOT us	e retired.)	during mo	st of workin	9					
		4	Mana	ger/	Supe	rvis	sor		Ai	rline	Pilo	ots A	ssn
COMPL	17. FATNER'S NAME (First, Middle, Last)						18. MOTN	ER'S NAI		Aiddle, Maiden			
D L	Earl Washington	Marquis								en Bu			
2	19a, INFORMANT'S NAME (Type/Print)									er, City or Tow			
	Ruth H. Marquis		58	105 K	irkw	boo	Driv	e, B	ethe	sda, M	MD 20	0816-	3312
	20a. METHOD OF DISPOSITION 1 Burlal 2 X Cremation 3 Res	moval from Stata	20b. PLACE A	ND DATE O	FDISPOS	SITION /Na	ment		DATE	20c. LO	CATION	City or To	wn, Stata
	4 Donation 5 Other (Specify)		Subur	ban	Crem	ator	·y		11-1	0 Silv	ver S	prin	g, Mary
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE			22	NAME AN	D ADDRES	S OF FAC	CILITY				
	leon	-d / //				auu	L'Une.	ral	Serv	1000	D A		
	23. PART I. Enter the dieeeeee, or	complications that cou	pasd the da	sth. Do n	9	33 G	ist .	Aven	ue,	ices, Silver	Spr	ina.	MD 209
	23. PART I. Enter the diseesee, or shock, or heart failurs IMMEDIATE CAUSE (Final diseese pr condition resulting in deeth)	complications that cauca. List only ons cauca of the cauc	luer	na r	ot snter	33 G	ist .	Aven	ue,	Silver	Spr	ina.	MD 209 Approximinterval E Onset en
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition	a. Cur c	AS A CONSEC	DUENCE OF	ot snter	33 G	ist .	Aven	ue,	Silver	Spr	ina.	Approxim
2	IMMEDIATE CAUSE (Final disease or condition recuiting in deeth) Sequentially list conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente	a. DUE TO (OR A DUE TO (OR A DUE TO (OR A	AS A CONSEC	UENCE OF	9 oot snter	33 G the mo	ds of dyli	Aven	Ue,	Silvei lisc or respi	Spriratory er	ring,	Approxin interval E Onset en
. אובטוסאר כב	IMMEDIATE CAUSE (Final disease or condition recuiting in deeth) Sequentially list conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente recuiting in death) LAST	a. DUE TO (OR A DUE TO (OR A DUE TO (OR A	AS A CONSEC	UENCE OF	9 oot snter	33 G the mo	ds of dyli	Aven	Ue,	Silver	C Spriratory erriratory err	ring,	Approxim
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	IMMEDIATE CAUSE (Final disease or condition recuiting in deeth) Sequentially list conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente recuiting in death) LAST PART II. Other significent conditions and included the conditions of the condit	a. DUE TO (OR A b. DUE TO (OR A d. DUE	AS A CONSECTION OF THE PROPERTY OF THE PROPERT	DOA 28b. TIMEE	OTHER	26. PL 3: slng Hornol 1 Y	ds of dyli	AVEN ng, such	Pert I. ck only one B Other 28d. DESC	Silvei Ilsc or respl 24a. WAS AN PERFOR 1 YES 2 (Specify) CRIBE NOW III	AUTOPSY MED? NJURY OCCUPANT OF THE PROPERTY OCCUPANT OCC	24b.	Approxininterval if Onset en O
TO TENIOR INCIDIO IN CAL	IMMEDIATE CAUSE (Final disease or condition reculting in deeth) Sequentielly list conditione, if any, leeding to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated evente reculting in death) LAST PART II. Other significent conditions and the coust of the conditions of the co	b. DUE TO (OR A d. DUE	AS A CONSECTION OF THE PROPERTY OF THE PROPERT	DOA 28b. TIMEE	OTHER	26. PL 3: slng Hornol 1 Y	ds of dyli	AVEN ng, such	Pert I. ck only one B Other 28d. DESC	Silvei Silvei Silvei Sissilvei Sissilvei Sissilvei Sissilvei Sissilvei Sissilvei Sissilvei Sissilvei Sissilvei Silvei Sissilvei S	AUTOPSY MED? NJURY OCCUPANT OF THE PROPERTY OCCUPANT OCC	24b.	Approxininterval if Onset en O
COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition reculting in deeth) Sequentielly list conditione, if any, leeding to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initietsd evente reculting in death) LAST PART II. Other significent conditions and investigation of the could not be detarmined. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending investigation of the could not be detarmined. 29a. CERTIFIER (Check only) CERTIFYING PNYS	b. DUE TO (OR A d. DUE	AS A CONSECTION AS A CONSECTIO	DOA 28b. TIME. INJ.	OTHER	26. PL	ds of dyli	AVEN ng, such	Pert I. Ck only one Chy o	24s. WAS AN PERFOR 1 YES 2	AUTOPSY MED? X NO	rest, 24b. CURED or Rural R	WERE AUTOPSY F AWAILABLE PRIOR COMPLETION DF OF DEATN? 1 YES 2
TED BY PHYSICIAN: MEDICAL CE	IMMEDIATE CAUSE (Final disease or condition reculting in deeth) Sequentielly list conditione, if any, leeding to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initietsd evente reculting in death) LAST PART II. Other significent conditions and investigation of the could not be detarmined. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending investigation of the could not be detarmined. 29a. CERTIFIER (Check only) CERTIFYING PNYS	a. DUE TO (OR A b. DUE TO (OR A c. DUE TO (OR A d	AS A CONSECTION AS A CONSECTIO	DOA 28b. TIME. INJ.	OTHER	26. PL	ds of dyli	AVEN ng, such	Pert I. Ck only one B Other 281. LOCA City on to the caus	24s. WAS AN PERFOR 1 YES 2	AUTOPSY MED? X NO NJURY OCC and Number	24b. CURED or Rural R ted. has cause(s)	Approxin Interval & Onset en O

Alan W. Stone, M. D., 916 19th Street, NW, 31. DATE FILED (Month, Day, Year) NOV 12 91

Washington, DC

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	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPART CERTIFIC	MENT OF	HEALTH AND	MENTA	L HYGIEI			
46	DECEDENT'S NAME (First, Middle, La		ne Mille	2		MONTI	OF DEATH	10, 19	991	3. TIME OF DEATH 6:45 P
1	4. SOCIAL SECURITY NUMBER 386-54-8088	1 🗆 M 2 💢 F	39 YRS.	IF UNDER 1 YEAR WONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	June	OF BIRTH	1952	Countr	PLACE (State or Foreign higan
CTOR	99. FACILITY NAME (If not institution, git 19112 Harkness RESIDENCE OF DECEDENT				on Location of d	DEATH		9c. COUN		mery
DIÁE	Maryland Me	ontgomery		TOWN OR LOCAL						10d. INSIDE CITY LIMITS? 1 YES 2/Y NO
FUNERAL	19112 Harkness	Lane		10	of ZIP CODE	0879				States
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 (X) NO	If yes, s	CENDENT OF HISPA pecify Cuban, Mexic S 2 X NO Speci	en, Puerto I	? (Specify Yorking)	en or No—	14. RACE Black Specifi	— Amarican Indien, White, etc.
PLETED	15. DECEDENT'S E (Specify only highest gr Elementary/Secondery (0-12)		18a. DECEDENT'S U (Give kind of wo life. Do NOT use Administi	rk done during m retired.)	osl of working			cal Re		
BE COMPL	17. FATHER'S NAME (First, Middle, Last) Maylan Thomas		TAGIIIIII	acive	18. MOTHER'S NA	AME (First, A	Aiddle, Maidei		esea	rcn
TO E	19a. INFORMANT'S NAME (Type/Print) Robert R. Mill 20a. METHOD OF DISPOSITION		19112	Harknes	and Number or Rural s Lane,	Gaith	nersbu	rg, M	D 20	
	1 Burlel 2X X Cremetion 3 Ri 4 Donetion 5 Other (Specify)	emoval from State	Ob. PLACE AND DATE OF SUDUPDAN	Cremato	ama of TY ND ADDRESS OF FA	DATE 11-		ver S		wn, siete ig, Marylai
	· Eleen	N. Ka	PP	933 G	Funeral ist Aven	ue. S	Silver	Spri	ng,	MD 20910
	23. PART I. Enter the diseases, cehock, or heert failur immediate CAUSE (Finel disease or condition resulting in death)	a. Dan	each line.	t enter the mo	ode of dying, euc	ch as card	lec or reep	piratory arre	st,	Approximete intervel Betwee Onset end Dea
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST	b	A CONSEQUENCE OF):							
MEDICAL	PART II. Other eignificant conditi	ons contributing to deeth	but not resulting in	the underlyin	g cause given in	Pert i.	24a. WAS AMPERFO	RMED?		WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO	HOSPITAL: 1 Inpetient 2 ER/Ou		THER:	LACE OF DEATH (Ch					
ВУ РНУ	27. MANNER DF DEATH 1 Nstural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. IN.	PARCE 2 NO			INJURY OCCU	JRED	
0	3 Suicide 6 Could not be determined	28e. PLACE OF INJUR building, etc. (Sp	Y — At home, ferm, streecify)	ef, factory, offic	a	281. LOCA City o	TION (Street or Town, State)	and Number o	r Rural Ro	oute Number,
COMPLETE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHY	SICIAN: To the best of my kno	wiedga, death occurred	st the tima, date	and place, end due	to the caus	te(e) and ma	nner aa ststed	1. cause(e)	and manner ea stated.
TO BE C	296 SIGNATURE AND TITLE OF CERTIF	e mo			D2191			29d. DATE	SIGNED (Month. Day. Year) er 11, 199
	Peter B. Sherer 31. DATE FILED (MONIN, Day, Year) NOV 12 '91	, M. D., 394	7 Ferrara		Wheato	n, MD	2090	16		

THE RESIDENCE OF STREET, SANDERS AND RESIDENCE

www.hamitan

Nº al-III

-	REGISTRAR		CERTI	FICALE (DE DEATH		REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last, Eggene F. M	cmahon				2. DATE O	OF DEATH DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AC	GE (In yrs. last birthday,		EAR IF UNDER 24 HRS.	7. DATE O	F BIRTH Day, Year)	8. BIRT	HPLACE (State or Foreign
1	396-18-1413	1 M 2 □ F	70 YRS.				28, 19:		sconsin
l	90. FACILITY NAME (If not institution, give Suburban Hospita				WN OR LOCATION OF D	DEATH	9c.	COUNTY OF	DEATH
2	RESIDENCE OF DECEDENT	1		Be	thesda		1	Montgo	mery
DIRE	10a. STATE 10b. COUN	TY	10c. CI	TY, TOWN OR L	OCATION				10d, INSIDE CITY
5.		ce George	G	reenbe	lt				LIMITS?
MAL	10e. STREET AND NUMBER				101. ZIP CODE		10g	. CITIZEN OF	WHAT COUNTRY?
FUNERAL	27A Ridge Road				20770		τ	United	States
2	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVE FORCES? 1 XX	R IN U.S. ARMED	13. WAS	DECENDENT OF HISPA s, specify Cuban, Mexic	NIC ORIGIN?	(Specify Yea or No	0- 14. RAC	E — American Indian, ck, White, etc.
BY	3 Widowed WDivorced	IF YES, GIVE WAR OF	R DATES		YES ZXNO Speci		carr, arc.)	Spe	city:
	15. DECEDENT'S ED		16a. DECEDENT'S	S USUAL OCCU	PATION	405. 5	(IND OF BUSINES	0.0000000000000000000000000000000000000	White
	(Specify only highest grad Elementery/Secondery (0-12)	completed)	(Give kind of life. Do NDT i	work done durin	g most of working	100. 7	CIND OF BOSINES	S/INDUSTRY	
	12 years	4 years	Probat	ion Off	Ficer		State (707 mm	mont
	17. FATHER'S NAME (First, Middle, Last)			-011 011		AME (First, Mic	ddle, Maiden Surne		ient
	Stephen John McM	ahon			Alice	Mary I	Donahue		
10 8	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (St	eet and Number or Rural			te, Zip Code)	
	Stephen J. McMaho		1234	6 Sherw	rood Fores	t Driv	ve Mt. A	irv.	Md. 21771
	20a, METHOD OF DISPOSITION 1. Burlel 2 Cremation 3 Ren	noval from State	20b. PLACE AND DATE	OF DISPOSITIO	N (Name of	DATE		N — City or T	
	4 Donation 5 Other (Specify)		Mt. Olive			/5/91	Wash	ingto	n, D.C.
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	~	DOT	ald V. Bo	ACILITY			
	Vorald V	Dorge	arell	4400	Powder M	ill Pa	Rolts	ar nu	Md. 20705
	23. PART i. Enter the disesses, pr	complications that cause on	sed the death. Do	npt antar the	moda of dying, suc	ch as cardis	c Dr raspirator	y arrest,	Approximata
	IMMEDIATE CAUSE (Final	List only the cause on	aacn iine.						Interval Batwee
	disease Dr condition resulting in death)	. INTMAT	HORACIC	HE	MORRISA	AF A	NO AF	SCES	
		OUE TO (OR AS	S A CONSEQUENCE O	OF):					
5	Sequentially list conditions,	. ESOPHA	TREAL F	ナマヨン	CA NCIA	JOMA			4 Mons
	If any, lesding to immadiata cause. Enter UNDERLYING				WAICH			.)	3
3	CAUSE (Disease or injury		S A CONSEQUENCE O		MATCA	CIVE	=25-01 1	on	~ Lozar
CERTIFICATION	that initiated avants resulting in death) LAST	DOL 10 (011 A.	3 A CONSEGUENCE C	or j.					
		d							
Z E	PART II. Other significant condition	na contributing to death	but not resulting	in the under	ying cause given in	Part i. 2	4a. WAS AN AUTOI PERFORMED?		WERE AUTOPSY FINDING
EDIC							YES 2 N		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
IME									1 TES 2 NO
PHTSICIAN:									
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			. PLACE OF DEATH (Ch	neck only one)			
2	1 YES 2 NO	1 Inpetient 2 ER/O	utpatient 3 🗆 DOA	OTHER:	Home 5 - Reeldence	s 🗆 Other (S	Specify)		
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJUR (Month, Day, Year		JURY 28c.	INJURY AT WORK?	28d. DESCR	YRULNI WOH BEIF	OCCURED	
5	2 Accident Investigation				YES 2 NO				
3	3 Suicide 8 Could not be 4 Homicide determined	building, atc. (S)	RY — At home, ferm, pecify)	atreat, factory, o	office	281. LOCATI City or	ION (Street and Nui Town, State)	mber or Rural i	Route Number,
	29e. CERTIFIER								
COMPLEIE	(Check only CERTIFYING PHYS	ICIAN: To the best of my kno	owledge, death occurr	ed at the time,	date and piece, end due	to the cause	(a) and manner as	atated.	
	2 MEDICAL EXAMINE	R: On the bears of exeminat	tion and/or investigation	on, in my opinia	n, death occured at the	time, data an	nd place, and due	to the ceuse(e) and menner as stated.
. 1	296. SIGNATURE 7010 TITLE OF CERTIFIE	7 1	1		29c. LICENSE NUI	MBER	29d.	DATE SIGNED	(Month, Day, Year)
2	1 = (My	- 1	8	31	25	MD	11-	1551
	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF I	DEATH (ITEM 27) (Type	Print)				11	1
	Vec, Pe	gran.	AN 341	U MCK1	nley St. E	sethes	da, Mary	yland	20814
	31. DATE FILED (Month, Day, Year)	32. BEGISTRAR'S SIC	CALADAMA A AA						

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a four stret death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1. OECEOENT'S NAME (First, Middle, Last)	1	CERTIFIC	ATE OF DEATH	REG. NO.		3. TIME OF DEATH
Joyce	I. M	1 Arshal	1/	MONTH 28	Y YEAR	11.20 A.
1200 /	5. SEX 8. AGE		F UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. OATE OF BIRTH (Month, Day, Year)	Count	HPLACE (State or Foreign ry) HINGTON D.C.
9a. FACILITY NAME (If not institution, give atre	//	petol .	Ballum		9c. COUNTY OF 0	EATH
D C .		1.1	TOWN OR LOCATION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
1445 CLIFTON	STREET, N	r.W.	10f. ZIP CODE 2000 9	7	UNITED	_
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS OECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 NO	13. WAS DECENDENT OF HISP If yes, apecify Cuban, Mexi 1 YES 2 NO Spec	ican, Puarto Rican, alc.)	or No- 14. RACI Blac Spec	E - American Indian, k, White, atc.
15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)	TION empleted) College (1-4 or 5 +)	ille. Do NOT use r	k done during most of working		SINESS/INDUSTRY	DUSTRY
17. FATHER'S NAME (First, Middle, Lest) ALLIAM H. MA 19a. INFORMANT'S NAME (Type/Print)	RSHALL	IR.	18. MOTHER'S I		DAMS	
SUSAN MARSHA	LL		CLIFTON STR			C. 20009
20e, METHOD OF DISPOSITION Surial 2 Cremation 3 Remove 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	ral from State	other place)	ION (Name of cometery, crematory of EMORIAL CEM) 22. NAME AND ADDRESS OF R. N. HORTON	ETERY LA	CATION - City of TO	MD.
> Sd. m.)			600 KENNET	DY STREE	T, N.W	1.
23. PART I. Enter the diseases, or conshock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	at only one cause on	each lina.	AIDS	uch as cardiac or respi	ratory arrest,	Approximate Interval Batweer Onset end Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST	CV A OUE TO (OR AS REVA	A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF:	Beizure arline, Depende	disos	der.	
d.	contributing to deeth	but not reculting in	the underlying cause given	In Part I. 24a WAS AN PERFOR	RMEO?	b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other eignificent conditions						1 YES 2 NO
DART II. Other eignificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 √ Inpetient 2 □ ER/Os	tpatient 3 DOA 4	26. PLACE OF DEATH (DTHER:			1 YES 2 NO
DART II. Other eignificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	28e. DATE OF INJURY (Month, Day, Year,	1 28b. TIME INJUR	OTHER: Nursing Home 5 Residence OF 28c. INJURY AT WORK? 1 YES 2 NO		and Number or Rural	

Print) EN1

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year) NOV 05 '91

32, REGISTRAR'S SIGNATURE

DHMH-18 Rev 1/89

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as to THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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1 - STATE REGISTRAR		SINIE OF I	IARYLAND C	ERTIF					MENTA	REG. NO			
1. DECEDENT'S NAME (First, I	-L	B. /	cmi	CHA	EL				2. DATE	OF DEATH	AY	1991	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 139-54-988		5. SEX 1 M 2 V F	6. AGE (In yrs. Is	st birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	(Mon	OF BIRTH	/ '	8. BIRTHE Country	LACE (State or Foreign
98. FACILITY NAME (# not inst		21	97	THO.	01-0177	TOUR!	OR LOCATIO			.14,18			SYLVANIA
									EAIH			NTY OF DE	
RESIDENCE OF DECI	DENT				1	RUCK	VILLE	4			MON	NTGOM	ERY
	10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	TION						tod. INSIDE CITY LIMITS?
MARYLAND 100. STREET AND NUMBER	MC	ONTGOMERY			ROCE	(VIL)							1 YES 2 NO
4006 BLACKPO	OT DO) A D				101	. ZIP CODE				10g. CIT	IZEN OF WI	HAT COUNTRY?
11. MARITAL STATUS	JOL RU	12. WAS DECEDENT	FVER IN II S AI	DMED	T 40	WMC DEC		853				US.	
1 Never Married 2 No 3 Widowed 4 Divorce		FORCES? 1 IF YES, GIVE W	YES 2 X	NO	100	If yes, sp-	ecify Cubar 2 ANO	n, Mexice	n, Puerto	N? (Specify Ya Ricen, etc.)	n or No	Specify	American Indian, White, atc. : : TTE
15. DECEI (Specify only	DENT'S EDU	CATION completed)	1 (ECEDENT'S	work done	CCUPATIO	ON st of workin	a	166	b. KIND OF BU	SINESS/INC		
Elementery/Secondary (0-1	2)	College (1-4 or 5+	ine	a. Do NOT us	se retired.)								
17. FATHER'S NAME (First, Mid	die Leet)	4	Н	OMEMA	KER								
	RRISO	IN								Middle, Maiden			
19a. INFORMANT'S NAME (Typ		11	19	b. MAILING	ADDRES	S (Street e		RY		CLELLA 16er, City or Tow		0.41	
ROBERT A. Mc	MICHA	EL (SON)		2544									015
20a. METHOD OF DISPOSITIO	N		20b, PLACE	AND DATE	OF DISPOS	ITION /Na	ment		DAT	N ROUG	CATION	City or Tow	- Ctata
1X Buriel 2 Cremetion 4 Donetton 5 Other (S		oval from State	NORTH	CEDA	R HI	LL C	EMET	ERY	11/	11 PHT	LADET	РНТА	PENN.
21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEP			22.	NAME AN	D ADDRES	S OF FA	CILITY				
I - MAM	OHY.	Lato			FR	ANCI	SJ.	COI	LLINS	S FUNE	RAL H	IOME,	INC.
23. PART i. Entar the dis-	eases, or c	emplications that	causad tha de	eath. Do r	Dt enter	the mp	de of dvir	ng. aucl	h as car	diac or resp	DIL.	SPK.	MD.20901
iMMEDIATE CAUSE (Fina	in transita.	list Dnly Dne caus	e on each line	h.									interval Batwe
disease or condition resulting in death)			CARD	100	A	RRE	57	-					Onset and De
		DUE TO (OR AS A CONSE	OUENCE OF	ŋ:								
Sequantially list condition	00	^-	-			RH	+Tot	mu	4				
if any, leading to immedicause. Enter UNDERLYIN	ata	DUE TO (OR AS A CONSE	OUENCE OF	7):								
CAUSE (Diseasa or Injury			OR AS A CONSE	OUENCE OF	n:								
resulting in death) LAST			HARRE.			i)) A	200-731	250	EXIL	Tel ste	on he	Carried or second	
DIOT II ON A MARKET			,							101127	774		1
PART II. Other aignificant	condition	s contributing to	death but not i	rasuiting i	n the un	deriying	cause g	ivan in	Part i.	24s. WAS AN PERFOR			VERE AUTOPSY FINDING
									-	1 TYES 2	NO.		OMPLETION OF CAUSE OF DEATH?
									_			1	YES 2 NO
25. WAS CASE REFERRED TO	MEDICAL					00 Pt	105.05.55						
EXAMINER?		HOSPITAL:	ED/Outputtant 2		OTHER	₹:	ACE OF DE						
27. MANNER OF DEATH		28s. DATE OF I	NJURY	28b. TIM		28c. INJU	IRY AT	Idence		SCRIBE HOW I	N III IBY OCC	TIDED	
Netural 5 Pe	nding reatigation	(Month, Day	/, Year)	INJ	URY M	WOI	RK7 ES 2	NO	200.02	JOHNSE HOW I	100111 000	JONED	
	ould not be	28e. PLACE OF	INJURY At ho	me, farm, s	treat, fact	ory, office			281. LOC	ATION (Street &	and Number	or Rural Rou	ute Number.
	termined	bullung, e	tc. (Specify)						City	or Town, State)			
29a. CERTIFIER (Check only one) CERTIF	YING PHYSIC	CIAN: To the best of man.	ny knowledge, da mination and/or i	ath occurre	d at the ti	me, data	and place,	and dua	to the cer	use(s) and mar	ner se atate	ed. e ceuse(a) :	nd manner se atated.
296. SIGNATURE AND TILE O			1				29c. LICEN			no			fonth, Day, Year)
Holew	ft	Krishu	al.	in			N.		211	,		1/11	à 100
30. NAME AND ADDRESS OF P	ERSON WHO	COMPLETED CAUSE	OF DEATH (ITE	M 27) (Type,	Print)		ere		/ / /				, , , ,
31. DATE FILED (MONTH), Day, You	CHMA	RMD 3	OF DEATH (ITE	I, KET	SURE	Wor	206	200	. SIL	MRS	eng	MD.	20906
NOV 12 1	391	STATE STATES	79 Amiliano										

TO BE COMPLETED BY FUNERAL DIRECTO

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moval.	ical exa	
n. or re	e med	
matio	it, th	
al, cre	ever	
be med within 72 hours after death with the State Cept. of Health and Merital Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
1ygiene	r other	TIF
Merital	njury, o	L CE
HTM AMO	any	200
or rea	Shows	ME
Cepi.	23	AN
State	Item	Sic
Elle	, 0	¥
II WIED	arked	Y P
IPAO	E	m
arier	28 1	
OULS	tem	LET
7	*	Z
WILLIAM	TANT	00
Dalli an	IMPOR	O BE

1 - STATE REGISTRAR		STATE UF N				F DEAT		NTAL HYGIEN REG. NO			
1. DECEDENT'S NAME (First		Harding	W. 01	.son			3	DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE	ĩ2, 1	VEAD	7:15 P
4. SOCIAL SECURITY NUME		S. SEX	8. AGE (In yrs. la		IF UNDER 1 YEA	R IF UNDER 2		DATE OF BIRTH			ACE (State or Foreign
069-22-4560) 1	M 2 - F	63	YRS.	MONTHS DAY	a HOURS	MIN.	Month, Day, Year)	1928	Country)	York
9a. FACILITY NAME (If not in	stitution, give stree	et and number)			9b. CITY, TOW	N OR LOCATION		EGI IZ,		TY OF DEA	
18413 Kings	hill Ro	ad			Germa	ntown					
RESIDENCE OF DEC	EDENT				OCTING	ITCOWIT			MOI	ntgom	ery
10a. STATE	10b. COUNTY			10c. CITY	, TOWN OR LO	CATION				10	M. INSIDE CITY
Maryland	Monto	omery		Ge	rmanto	wn				1	YES 2 X NO
10a. STREET AND NUMBER						10f. ZIP CODE			10g. CITIZ	EN OF WHA	AT COUNTRY?
18413 Kings							20874	1	Un:	ited	States
11. MARITAL STATUS 1 Never Married 2 3 Vidowed 4 Divo	Married	2. WAS DECEDEN' FORCES? 1 IF YES, GIVE W	TEVER IN U.S. AI YES 2 AR OR DATES KOTEAN	NO	If yes,	SPECENDENT OF Specify Cubsn, ES 2 X NO	Maxican, Pu	RIGIN? (Specify Yea arto Rican, atc.)	or No-	Specify:	American Indian, White, atc.
15. DEC	EDENT'S EDUCAT	TON	18a, DI	ECEDENT'S	USUAL OCCUPA	TION		18b. KIND OF BUS	SINESS/INDU		TCG
Elementary/Secondary (0		College (1-4 or 5+		Bive kind of w B. Do NOT use	rork done during e retired.)	most of working					
		10		hysic	ian			State o	of Mar	rvlan	d
17. FATHER'S NAME (First, M	iddle, Last)					18. MOTHE	R'S NAME (F	Irst, Middle, Maiden		y ±uii	<u> </u>
Gustave Wa	lfred O	lson					ch Har				
19a. INFORMANT'S NAME (7	rpe/Print)		19	b. MAJLING	ADDRESS (Stre			Number, City or Town	n. Stete. Zin (Code)	
Patricia V	. Olson					ill Roa		Germantov			7.1
20a. METHOD OF DISPOSITI	ON		20b. PLACE	ANDDATEO	F DISPOSITION	(Name of			CATION - C		The second secon
1 Donation 5 Other	n 3 🗌 Ramova (Specify)	I from Stata	SUDU:	rban	Cremat	rv	1			,	, Maryland
21. SIGNATURE OF FUNERAL					22. NAME	AND ADDRESS	OF FACILITY	Y			, Haryrand
· Elee	4	1/			Rap	Funer	ral Se	rvices,	P. A.		
		-	app		933	Gist A	venue	, Silver	Spri	ing.	MD 20910
23. PART I. Entar the di ahock, or he	seaaas, or con eart fallure. Lis	t Dnly ona caus	caused the de	eath. Do ni e.	ot anter the i	noda of dylne	g, auch as	cardiac or respi	ratory arre	st,	Approximata Interval Batwaen
IMMEDIATE CAUSE (Fin	al										Onaet and Daath
resulting in death)	→ a		SHOOM								PAGI
		DUE TO	OR AS A CONSE	OUENCE OF							
Sequantially list conditi	ons, b		OR AS A CONSE		CA	NOEN					172
If any, leading to immediates. Enter UNDERLYI											
CAUSE (Disease or Inju			OR AS A CONSE			CA.	1	o unu	NOWN		
that initiated events resulting in death) LAS		002 10 (ON NO N CONSE	OUENCE OF	,						
	d										
PART II. Other algolfica	nt conditiona c	ontributing to	death but not i	resulting in	tha undarly	ing causa giv	an in Part	I. 24a. WAS AN		24b. WI	RE AUTOPSY FINDINGS
								PERFOR		CC	AILABLE PRIOR TO IMPLETION OF CAUSE
								1 TYES 2	X NO		DEATH?
										1 ''	YES 2 NO
25. WAS CASE REFERRED TO	MEDICAL				28.	PLACE OF DEA	TH (Check on	nly one)			
EXAMINER?		OSPITAL:	ER/Outpetlant 2		OTHER:						
27. MANNER OF DEATH		28a. DATE OF	NJURY	28b. TIME		ome 5 X Rask		Other (Specify) DESCRIBE HOW IN	LIURY OCCU	IRED	
	Pending	(Month, Da	y, Year)	INJU	IRY !	YES 2 1		DESCRIBE NOW IT	JUNY OCCU	RED	
2 Pulate	nveatigation	28a. PLACE OF	INJURY — At ho	ome, farm, et				LOCATION (CITE	and Al-	Dur-10	Months
	Could not be	building, a	itc. (Specify)	,			201.	LOCATION (Street a City or Town, State)	na number o	rurai Hout	rumber,
29a. CERTIFIER VV											
(Check only WA CERT	TAL FYAMINED	N: To the best of r	ny knowladge, da	ath occurred	f at the time, de	ita and placa, a	nd due to the	cause(s) and man	ner as stated	1.	
		AT THE DEBIS OF BX	minument and/or	investigation	, in my opinion	death occured	et the time,	data and place, and	dua lo tha	cause(s) an	d manner as stated.
29b. SIGNATURE AND TITLE	OF CERTIFIER	T	1 -0	10		29c. LICENS	SE NUMBER		29d. DATE :	SIGNED (Mo	onth, Day, Year)
Storley a	· Scho	m) M	0 10	Selv		101/2	068		Nov	ember	13, 1991
30. NAME AND ADDRESS OF	PERSON WHO C	OMPLETED CAUS	E OF DEATH (ITE	M 27) (Type, I	Print) 210	7 44 12	- 7 D	- 1 D :	".0		1 2002
					Sin	T Wedi	cáī L	ark Driv	e, #2	Q1	
Stanley A. 31. DATE FILED (Month, Day,)	Schwar				Sil	ver Sp	ring,	ark Driv MD 2090	e, #2 2	01	

	_											
			1. DECEDENT'S NAME (First, Middle, Last)	REPERT	TEON	ARAVE	RATHE	Pher	2. DATE OF I	11-75-9	LGEAR 3	TIME OF DEATH
(P		4. SOCIAL SECURITY NUMBER 579-26-7177	5. SEX 8. XXM 2 ☐ F	AGE (In yrs. les		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E (Month, Da 7-2-	NRTH V Year) 26	8. BIRTHPL Country) Wash	ACE (State or Foreign DC
į.	2, 3 sho	CTOR	9a. FACILITY NAME (If not institution, give so hady Grove.	Adventis	5.424	O . 96		or LOCATION OF	DEATH		MONTG	
Mingle- op	Pages 1.2	DIRECT	RESIDENCE OF DECEDENT 100. STATE 10b. COUNT			10c. CITY, T	OWN OR LOCA					Dd. INSIDE CITY LIMITS?
	permit.	FUNERAL D	10e. STREET AND NUMBER	ontgomery				antown		10g. C	TIZEN OF WH	YES 2 NO AT COUNTRY?
e.	ansit	9	12030 Middleb	rook Road	d			20874	1		USA	
03-3146 attending physician.	the burial-transit	BY FUI	11. MARITAL STATUS 1 Never Married 2 Never Married 3 Divorced	12. WAS DECEDENT E FORCES? TYPE IF YES, GIVE WAR	YES 2 1		If yes, sp	CENDENT OF HISP pecify Cuben, Mexi S 25/24/0 Spec	can, Puerlo Ricer		Black, \	- American Indien, White, etc. Black
203-	use as		15. OECEOENT'S EDU (Specify only highest grade	CATION	16e. DE	CEDENT'S US	JAL OCCUPATI	ION	18b. KIN	O OF BUSINESS/I	NDUSTRY	
AND 212	for	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ilfe	. Do NOT use re	tired.)	erator	St	ate Ro	ad Co	mmission
Ne bo	detached once.	S	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	IAME (First, Middi	e, Malden Surname)	
7 3	क क	ш	Robert I. Pra	ther				Mary	E. Ch	ambers		
MARY retained	5 should notified	9 0	19a, INFORMANT'S NAME (Type/Print)		19	b. MAILING AD	DRESS (Street	and Number or Rure	l Route Number, (City or Town, State, .	Zip Code)	
M/be ret	5	2	Emma Jean Prat	her (wife	e) 1:	2030 1	Middl	ebrook	Rd.,	German	town,	MD 20874
R III	director, page		20a. METHOD OF DISPOSITION 1 Surface 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State	20b. PLACE other p. Pop.	of disposition of the dispositio	ON (Name of ce	emetery, crematory of Cemetel	сy	GAith		
BALTIMO after death. Page 6	by the funeral dimoval.		21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE . THE	wd	lu	SNO	WDEN FU	JNERAL		P.A.	
X 13146, se executed within 25 mours	ician and completely filled in by the rior to burial, cremation, or remove traumatic event, the medical	NOIT	23. PART I. Enter the disease, or shock, or heert feliure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate	a. Mass b. S205/	on each line	emopy: HOW OUENCE OF:		ith Asi		INTO		interval Between Onset and Death
, P.O. BOX	ending phys I Hygiene p or other	CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	c DUE TO (O	R AS A CONSE	OUENCE OF):						
RECORDS, requires that the d	signed by the Health and Me ws any Injur	MEDICAL (PART II. Other algorificant condition Post R. V. ABUNDAM	- 64 -	10 60	reaulting in (ha undarlylr	ng ceuse givan		NAS AN AUTOPS PERFORMED? YES 2 NO	6	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? SES 2 NO
a ve	has been Dept. of n 23 sho	ä	ATHEROSCI	GROTIC	14	BARR	T DI	SOASE				
A Ile	State De	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		/ 10	26. F	PLACE OF OEATH (Check only one)			
VITAI	certificate the State	YSI	1 TES 2 NO	1 Inpatient 2 E	R/Outpatient			me 5 - Residenc	e 8 🗆 Other (S)	pecify)		
OF PHYSIC	this with	Y PHY	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. OATE OF IN (Month, Day,		28b. TIME C	Y	JURY AT YORK? YES 2 NO	28d. DEŞCRI	BE HOW INJURY (OCCURED	
DIVISION OR ATTENDING	after d	TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF I building, etc		ome, ferm, stre	et, fectory, offi	Ice	281. LOCATIO	ON (Street end Num own, State)	ber or Rural Rol	ute Number,
DIV	AR =	COMPLET	one)	BICIAN: To the best of m								end mennar es statad.
HOSPITAL	THE FUNERAL filed within 72 PORTANT: If		29b. SIGNATURE AND TITLE OF CERTIFIE	IR .		6)		29c, LICENSE N	UMRER	294 0	ATE BEINED O	Month: Day, Hear)
12 14 14 14	TO THE be filed IMPOR	TO BE	Michael !	Lato	T n	17		006	258	•	11/2	91
,	1	-	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE	OF DEATH (ITI	EM 27) (Type, Pr	int) Ric	HARO,	NEAT	on m	E .	
1	5		31 DATE FILED (Month Day Mart	32 REGISTRAN	S SIGNATURE	VER	MAN	mount)	NO,	208	74	
	121		31. DATE FILED (Month, Day, Year)	SZARESISTINA	M. A.A.A.	andelle.		-				

Carpet House

1. DECEDENT'S NAME (First, Middle, Last)

	1. DECEDENT'S NAME (First	t, MIGGIE, LEST)								2. DATE OF DE			3. TIME OF DEATH
			. Powell							Nov.	5	1991	130
	4. SOCIAL SECURITY NUME	-	5. SEX	8. AGE (In yrs.	iast birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS. MIN.	7. DATE OF BIF (Month, Day,		8. BIRTI	HPLACE (State or Foreign)
	226-16-0604		1 M 2 F	86	YRS.	- Sidne	UNIO	noons	merre.		, 1905		rginia
œ	9a. FACILITY NAME (If not in					9b. CITY,	TOWN	OR LOCATIO	ON OF DE	ATH	9c. C0	DUNTY OF	
СТО	16708 (11 Road			S	Silv	ver Si	orin	g		Mon	tgomery
TLU I	10a. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN O	R LOCA	ATION					10d. INSIDE CITY
DIR	Maryland		Montgome:	rv		Si1	3707	Spr	ina				LIMITS?
AL	10e. STREET AND NUMBER		89			011	-	Of. ZIP CODE			10g. C	ITIZEN OF	YES 2 N
E	16708 Oa	ak Hil	1 Rd.					20905	5			JSA	
FUN	11. MARITAL STATUS		12. WAS DECEDER	T EVER IN U.S.	ARMED	13. V	MAS DE	CENDENT O	F HISPAN	IC ORIGIN? (Spe	cify Yea or No-	14. RAC	E — Amarican Indian
ВУ Б	1 Never Married 2			YES 2 [XNO			pecify Cubs		n, Puarto Rican,	etc.)	Blac Spec	k, Whita, atc.
8 0												1	White
ETE	(Specify only	CEDENT'S EDU ly highest grade		16a.	DECEDENT'S (Give kind of	work done d	CCUPATI furing m	ION lost of workin	g	16b. KIND	OF BUSINESS/I	NDUSTRY	
PLE	Elementary/Secondary (0	0-12)	College (1-4 or 5		life. Do NOT u.								
COMF	1-5 17. FATHER'S NAME (First, M	Aladadia di andi			Carpe	nter					lf emp		
			7 7					18. MOTH	IER'S NAI	ME (First, Middle,	Maiden Surname)	
8	James 19a. INFORMANT'S NAME (7)	Powe.	11							ra Whit			
2										Noute Number, City			
	Dora Da 20a. METHOD OF DISPOSITE				6926	Sta	ndi	sh Dr	ive				20704
	1 Buriat 2 Crematio	on 3 🗆 Rem	ioval from Stata		CE AND DATE					11-7	20c. LOCATION		
	21. SIGNATURE OF PUNCHA	THE RESERVE OF THE PERSON NAMED IN	CENSEE	IGeor	ge Was	shing	ton	ND ADDRES	ter	71991	Ade1ph	ni, Mo	d,
	10/	. /	6111		. /					Funera	1 Home		
	- Clerk	VC.	cw.	user								ring	Md. 2090
NO	Sequentielly list conditi		. Bow	OR AS A CONS	struc	tiw							IWK
TIFICATION	if eny, leeding to immed ceuse. Enter UNDERLYI CAUSE (Disease or Inju- thet initieted events	ing iry	cOUE TO	(OR AS A CONS	SEOUENCE OF								
ERTIFI	if eny, leeding to immed ceuse, Enter UNDERLYI CAUSE (Disease or Inju	ing iry	c. OUE TO	(OR AS A CONS	SEQUENCE OF								
CERTIFI	if eny, leeding to immed ceuse. Enter UNDERLYI CAUSE (Disease or Inju- thet initieted events	ing iry	d			F):	deriyin	ng cause g	iven in i		WAS AN AUTOPS	Y 24b	WERE AUTOPSY FIND
AL CERTIFI	if eny, leeding to immed ceuse. Enter UNDERLY! CAUSE (Disease or Inju thet initieted events resulting in deeth) LAS	ing iry	d			F):	deriyin	ng cause g	iven in I	Р	ERFORMED?	Y 24b	AVAILABLE PRIOR TO
EDICAL CERTIFI	if eny, leeding to immed ceuse. Enter UNDERLY! CAUSE (Disease or Inju thet initieted events resulting in deeth) LAS	ing iry	d			F):	deriyin	ng cause g	iven in I	Р		Y 24b	AVAILABLE PRIOR TO COMPLETION OF CAL DF DEATH?
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AN: MEDICAL CERTIF!	If eny, leeding to immediate the course. Enter UNDERLY CAUSE (Disease or Injuithet initiated events resulting in death) LAST PART II. Other significant course of the cour	int condition	d.			F):		ng cause g		t [ERFORMED?	Y 24b	AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
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Y PHYSICIAN: MEDICAL CERTIFI	If eny, leeding to immerceuse. Enter UNDERLYI CAUSE (Disease or Inju thet initiated events resulting in deeth) LAS' PART II. Other signification of the control of the con	int condition O MEDICAL	d. e contributing to HOSPITAL: 1 □ inpatient 2	death but no	t reculting	OTHER 4 🗆 Nursi	28, PI : ing Hom 28c. INJ	LACE OF DE	ATH (Che	ck only one)	PERFORMED? YES Zy∏ NO		AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
D BY PHYSICIAN: MEDICAL CERTIFI	If eny, leeding to immerceuse. Enter UNDERLY! CAUSE (Disease or Injuthet initieted events resulting in deeth) LAS' PART II. Other signification of the sign	int condition	HOSPITAL: 1 Inputer 2 28e. DATE OF (Month, D) 28e. PLACE O	death but no ER/Outpetlent INJURY ay, Year) FINJURY — At	3 DOA 28b. TIM	OTHER 4 Nursi	28. P(: ing Hom 28c. INJ WC	LACE OF DE	ATH (Che	t P t CK only one) B Other (Special DESCRIBE) 281. LOCATION (YES ZA NO NO NO NO NO NO NO NO NO NO	CCURED	AMALABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO
TED BY PHYSICIAN: MEDICAL CERTIFI	If eny, leeding to immerceuse. Enter UNDERLY! CAUSE (Disease or Injuthet initiated events resulting in death) LAS* PART II. Other significations of the content of the con	int condition O MEDICAL Pending investigation	HOSPITAL: 1 Inputer 2 28e. DATE OF (Month, D) 28e. PLACE O	ER/Outpetlant INJURY	3 DOA 28b. TIM	OTHER 4 Nursi	28. P(: ing Hom 28c. INJ WC	LACE OF DE	ATH (Che	ck only one) B Other (Special Describe	YES ZA NO NO NO NO NO NO NO NO NO NO	CCURED	AMALABLE PRIOR TO COMPLETION DF CAID F DEATH? 1 YES 2 NO
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		ages 1
BALTIMORE, MARYLAND 21203-3146	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Fours after death. Page 6 may be retained by the hospital or attending physician.	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1.
BALTIMORE,	rs after death. Page 6 may be	by the funeral director, page
	3	illed ir
BOX 13146,	cate be executed within 2	has been signed by the attending physician and completely fille
0	certifi	ding (
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	w requires that the death	been signed by the atter
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NOISINI	OR ATTENDING	DIRECTOR: Afte

TO BE COMPLETED BY FUNERAL DIRECT

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Lors after death. Page 6 may be retained by the host TO THE FUNETAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF N	TARYLAND / CE		ICATI				MENTAL	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last) Elizabeth L.	Pond							2. DATE OF MONTH	D.	AY 7	YEAR 91	3. TIME OF DEATH 7:45 PM	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	birthday)	IF UNDER	DAYS	IF UNDER	MIN.		Day, Yeer)	0.7	Country	•	
1	220-38-3314 9e. FACILITY NAME (If not institution, give:		84	THO,	9b. CITY	. TOWN (R LOCATI		JUNE	24 19		SOUTI	H CAROLINA	
E.	Williamsport Nurs				96. CITY, TOWN OR LOCATION OF DEATH WilliamsDort						WASHINGTON			
Š	RESIDENCE OF DECEDENT			40a CIT	Y, TOWN			701 6					10d. INSIDE CITY	
DIREC													LIMITS?	
	10e. STREET AND NUMBER	GOMERY		21	LVER		ZIP COD	E	10g. CITIZE			ITIZEN OF W	ZEN OF WHAT COUNTRY?	
ER/	2021 LANIER DRIV					2	0910				USA			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 2 Merried 3 Wildowed 4 Divorced			MED O		If yee, ep	ENDENT (OF HISPAN	IIC ORIGIN? n, Puerto Ric		e or No-	14. RACE	— American Indian, , White, etc. fy: ITE	
ED	1S. DECEDENT'S EDU (Specify only highest grad		(Gh	ve kind of	Work done	during mo	ON st of worki	ng	18b. I	(IND OF BU	SINESS/I	NOUSTRY	MB. TELLI	
LE	Elementery/Secondery (0-12)	College (1-4 or 5 +	+)		se retired.)				77.77	D = D + T				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		01	LERK		_	16 MOT	MED'S NA	FE.			VERNMI	ENT	
	SAMUEL LOOPER								INE H			,		
BE	19e. INFORMANT'S NAME (Type/Print)		196	. MAILIN	G ADORES	S (Street a			Poute Numbe			Zip Code)	5 5 5 C F	
5	STANLEY S. POND	2021	LAN	IER	DRIV	E SI	ILVER	SPRI	NG, N	ARYLA	AND 20910			
	20s. METHOD OF DISPOSITION 1 Disposition 3 Rem	20b. PLACE OF DISPOSITION (Name of cametery, crametory or other place) 20c. L						. LOCATION — City or Town, State						
	4 Donetion S Other (Specify)	LINC							ENTWO	WOOD, MARYLAND				
	22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W. SIL.SPR., MD.2090													
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
	PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDIN										WERE AUTOPSY FINDINGS			
PHYSICIAN: MEDICAL	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert is								20	PERFO	PRMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
IAN	25. WAS CASE REFERRED TO MEDICAL					28, P	LACE OF	DEATH (Ch	eck only one)				
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHE		ne S 🗆 F	tesidence	8 🗆 Other	(Specify)				
ВУ РНУ	27. MANNER OF DEATH 1 M Natural 5 Pending investigation	28e. DATE Of (Month, L	FINJURY Day, Year)	28b. Ti	ME OF JURY M	W	JURY AT ORK? YES 2	□ NO	28d. DE\$(CRIBE HOW	INJURY (OCCURED		
	3 Suicide S Could not be 4 Homicide determined	ome, farm, street, fectory, office			28f. LOCA City o	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			Route Number,					
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHY MEDICAL EXAMIN												e) end manner ee stated.	
TO BE	29b. SIGNATURE AND TITLE OF CERTIFI	. M.	D					3700	MBER			L1/8/9	(Month, Day, Year)	
	Dr. Ted E. Howe,	18100 Ma	arden Lai	ne.		y. M	D 20	832						
	31. DATE FILED (Month, Day, Year) NOV 1 2 1991	Suna Dan	ARIS SIGNATANTA											

OHMH-16 Rev 1/89

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OX 68760,	be executed within 24 nours	clan and completely filled in
BOX 68760,	ficate be executed within 24 nours	physician and completely filled in
O. BOX 68760,	ertificate be executed within 24 nours	ing physician and completely filled in
, P.O. BOX 68760,	eath certificate be executed within 24 nours	attending physician and completely filled in
DS, P.O. BOX 68760,	the death certificate be executed within 24 nours	the attending physician and completely filled in
RDS, P.O. BOX 68760,	at the death certificate be executed within 24 nours	by the attending physician and completely filled in
ORDS, P.O. BOX 68760,	s that the death certificate be executed within 24 nours	ned by the attending physician and completely filled in
CORDS, P.O. BOX 68760,	uires that the death certificate be executed within 24 nours	signed by the attending physician and completely filled in
RECORDS, P.O. BOX 68760,	y requires that the death certificate be executed within 24 nours	been signed by the attending physician and completely filled in
AL RECORDS, P.O. BOX 68760,	the law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physic	e has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial

	1. DECEDENT'S NAME (First, Middle, Last	HARRIET	PO INEZLO	PRATHE	R	2. DATE OF DI	1-DAY	1-0 1917	3. 11% (S
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE ((In yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BI	RTH	6. BIRT	HPLACE (State or Foreign
4	2218-30-3366		YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day,	21270		ryland
Œ	90. FACILITY NAME (If not institution give	ingswood N.	Home ?		R LOCATION OF DI	EATH		DINTE	COMERY OMERY
DIRECTO	RESIDENCE OF DECEDENT				ville		M'I	ontgo	7
JIRE	Maryland Mon			TOWN OR LOCATION					10d. INSIDE CITY LIMITS? 1 YES 2 NO
	10e. STREET AND NUMBER	tgomery	1 (181	thersh	ZIP CODE		10g.	. CITIZEN OF	WHAT COUNTRY?
FUNERAL		trawberry K			20879			U.S.	
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 TYES	2 XNO	If yes, spec	NDENT OF HISPA cify Cuban, Mexico 2 NO Specifi	n, Puerto Rican,		Spe	CE — American Indien ck, White, stc. city:
8	15. DECEDENT'S ED (Specify only highest gra-		16a. DECEDENT'S US (Give kind of wor.	k done during most	N t of working	18b. KINE	OF BUSINES		
PLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use r	estic			Mon	•	
COMPL	7th Grade 17. FATHER'S NAME (First, Middle, Last)		Dome	SCIC	16. MOTHER'S NA	ME (First, Middle	Non		
BE C	George W.	Plummer				riett			zier
TO E	19e. INFORMANT'S NAME (Type/Print)	(Sister-inl	aw	Stra	d Number or Rural				20879 hersbur
	20a. METHOD OF DISPOSITION		b. PLACE AND DATE O	F DISPOSITION	-	DATE	20c. LOCATIO		
	Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify)		rooke Gr	other place)	meterv	11/1	4_Lav	tons	rilleM
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22, NAME ANI	D ADDRESS OF FA	CILITY	_		
				DIVON	DEN FU	NERAL	HUME	P.A.	. 20850
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	ahock, or heart fellun	e. List'only one cause on s	sech iine.	ATORY	N. Was	hingto	on St	, Roc	Approximat
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	TO THE HDSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely has find within 22 bours after death with the State Dent of Health and Mental Hydiene prior to burial, crematic	IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, it

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 32064 FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH DAY 1. DECEOENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR NOVEMBER 6, 1991 ELISHA ELMER DAVIS ROBINSON 7:00 A.M 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 M 2 F YRS. 228-16-2986 70 NOV. 1921 VIRGINIA 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 2903 COLLINS WHEATON AVENUE MONTGOMERY RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE 10b. COUNTY 10d. INSIDE CITY LIMITS? MARYLAND MONTGOMERY WHEATON 1 YES 2 NO Ö 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 101. ZIP CODE 2903 COLLINS AVENUE 20902 USA 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married Specify: WHITE BY 3 Widowed 4 Divorced ETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT usa retired.) 15. DECEDENT'S EDUCATION pecify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY
JOHNS HOPKINS APPLIED (Spe Elementary/Secondary (0-12) College (1-4 or 5+) PHYSICS LAB COMPL 12 STAFF SCIENTIST 17 FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) DAVIS PHILIP ROBINSON MAGGIE ELLA STANLEY BE notitied 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 NELLIE F. ROBINSON (WIFE) 2903 COLLINS AVENUE, WHEATON, MARYLAND 20902 pe 20s. METHOD OF DISPOSITION
1 □ Burlal 2 Stremation 3 □ Removal from State
4 □ Donation 5 □ Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State must METROPOLITAN CREMATORY ALEXANDRIA, VIRGINIA 21. SIGNATURE OF FUNERAL SERVICE LICENS examiner 22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W., SIL. SP., MD 209 1 in by the medical 23. ART Enter the disease or complications that caused the deshock, or heart failure. List only one cause on each line. complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Between 0 **Onset and Death IMMEDIATE CAUSE (Finei** disease or condition the the V ENTRICUAR INDEAN T event, resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): ACUTE MYO CARDIAL
DUE TO (OR AS A CONSEQUENCE OF): ONE MONTH injury, or other traumatic CERTIFICATION Sequentielly liet conditions. if any, leeding to immediate cause. Enter UNDERLYING TEMOSCHAOTIC CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): thet initieted events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? LUNG DISEASE shows any 085 THUCTIVE 1 YES 2 KNO 1 YES 2 NO 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) Item OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 8 Other (Specify) 10 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked. INJURY 1 Naturel 5 Pending M 1 YES 2 NO BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28 is a Could not be determined COMPLETED 4 Homicide Item 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the beet of my knowledge, death occurred at the time, data and place, and due to the ceuse(s) and mannar as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and menner as stated.

29g, LICENSE NUMBER

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291 SIGNATURE AND TITLE OF CERTIFIER

MARTINAM

31, OATE FILEO (Month, Day, Year)

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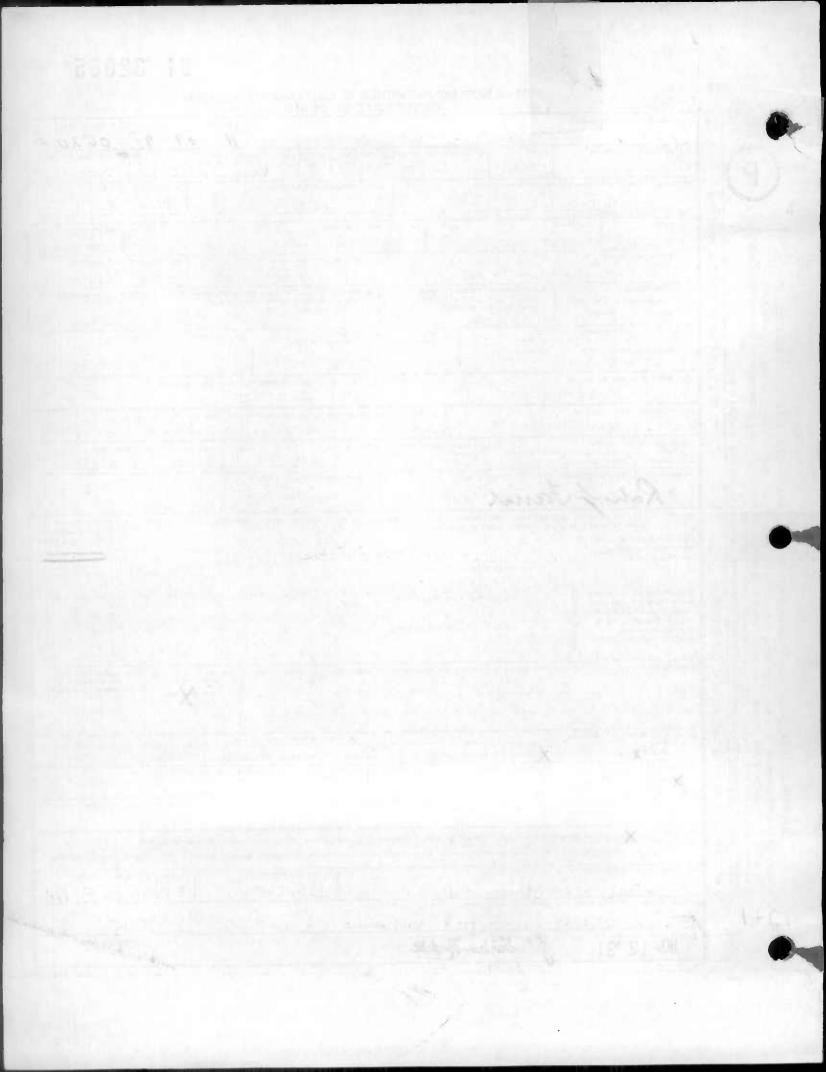
30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAPE SIGNATURE PONDER

29d, DATE SIGNEO (Month, Day, Year)

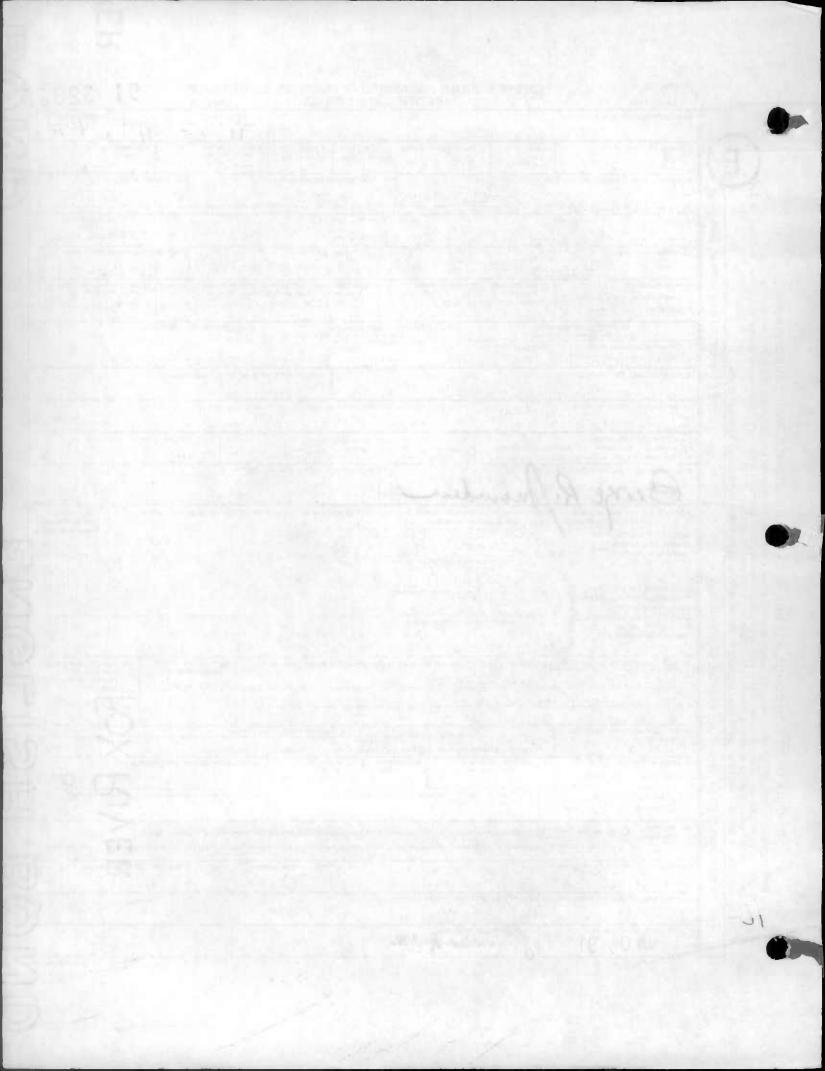
	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC	MENT OF H	EALTH AND DEATH	MENTAL HYGIEI					
		vin T. Ralph	, sr.			//	DAY 9 9/	3. TIME OF DEATH 0620 AM			
	4. SOCIAL SECURITY NUMBER 410-42-2018	1 🔀 M 2 🗌 F	61 YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	June 11, 1930 S. BIRTHPLACE (State or Fi					
CTOR	90. FACILITY NAME (If not institution, give some suburban Hospi RESIDENCE OF DECEDENT				ethesda		gomery				
L DIRECTOR	Maryland Mo	ntgomery	ckville				10d. INSIDE CITY LIMITS? 1 YES 2 NO				
FUNERAL	104 Monroe Stre			ZIP CODE 2085		Unite	of what country? d States				
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	Never Merried 2 Merried FONCEST I X TES 2 NO						ACE — American Indian, Black, White, etc. Specify: White			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondery (0-12)	CATION	18e. DECEDENT'S US (Give kind of wor life. Do NOT use i	k done during mo: etired.)	st of working	16b. KIND OF BU	JSINESS/INDUSTR				
BE COM	17. FATHER'S NAME (First, Middle, Last) Joseph Ralph					AME (First, Middle, Meider Bray					
TOE	190. INFORMANT'S NAME (Type/Print) Ann M. Ralph		104 Mo	nroe St	reet #1		lle, Ma	ryland 20850			
	20a. METHOO OF DISPOSITION 1 XBurlel 2 Cremetion 3 Rem 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIG	oval from State Cen	PLACE AND DATE OF Detery, crematory or other arklawn M	emorial	Park 1	1/12/91 Ro		, Maryland			
	22. NAME AND ADDRESS OF FACILITY Robert A. Pumphrey Funeral Home/Rockville, 300 West Montgomery Avenue Rockville, Maryland 20850-2805 23. PART I. Enter the deeses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate										
	ahDck, or heart failure. iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. WINELY	METASTA CONSEQUENCE OF):				eliratory arrest,	Approximate interval Between Onset and Death			
ATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	AUSE (Disease or Injury C. DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL C	PART II. Other algnificant condition	Part i. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO							
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	ACE OF DEATH (C						
BY PHY	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	1 Inpatient 2 ER/Outp 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJU	IRY AT	8 Other (Specify) 28d, DESCRIBE HOW	NJURY OCCURED				
- 11	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rura building, etc. (Specify)									
COMPLETED		CIAN: To the best of my knowl R: On the basis of exemination						se(e) end manner es atated.			
TO BE	296. SIGNATURE AND TITCE OF CENTIFIER 30. NAME AND ADDRESS OF PERSON WHO	mille n		201	D360		29d. DATE SIGN	EMBER 9, 1991			
	PAUL V. WOOLLES 31. DATE FILED (Month, Day, Year)	MO U 41	03 BRADI		CHEK	Y CHASE, N	10 20	815			
	NOV 12 '91	Julia Davidson	Handell.								

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 yours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR	SIAIE UF N		ERTIF					MENTAL HYGIEI REG. NO		91	32060
	1. DECEDENT'S NAME (First, Middle, Last)								2 DATE OF DEATH			TIME OF PEATH
	ROLANI	D W	HITE						MONTH 115	5-5-	77916	:440 A M
1	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les	st birthday)	IF UNDER		IF UNDER		7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPL Country)	ACE (State or Foreign
1	241-30-1755	1XXM 2 □ F	72	YRS.	MONTHS	DAYS	HOURS	MIN.		1919	,,,	Carolina
	9e. FACILITY NAME (If not institution, give str	reet end number)			9b. CITY	, TOWN	R LOCATIO	ON OF DE	ATH	9c. COU	NTY OF DEA	
OR	Greater Laurel,	/Beltsv	ille H	osp		Laurel PRINCE GEO					GEORGES	
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		-	10c CI	Y TOWN (OR LOCAT	ION				14	Dd. INSIDE CITY
E				10c. CITY, TOWN OR LOCATION						0		
1	Maryland How	ard		Jessup 101, ZIP COOE						10e CIT		YES 2 NO
AH.	10009 Guilfo	rd Dd		20794							U.S.A	
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDEN			13.	WAS DEC	ENDENT C	F HISPAN	IC ORIGIN? (Specify Y	_		- American Indian, White, etc.
BY FI	1 Never Merried 2 X Merried 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2 1	NO		It yes, sp	2 XNO	n, Mexicen	n, Puerto Ricen, etc.)		Specify:	
ED	15. DECEDENT'S EDUC		18e. DI	ECEDENT'S	USUAL O	CCUPATIO	ON		18b. KIND OF B	USINESS/INI		712
E	(Specify only highest grade Elementery/Secondary (0-12)	College (1-4 or 5	He IHe	aive kind of a. Do NOT u	work done se retired.)	during mo	st of workir	rg				
AP.	3rd Grade		Co	nstr	ucti	on.			Labo	r Un	ion	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	HER'S NAM	ME (First, Middle, Maide	n Sumeme)		
BE (Unknown							Unk	nown			
10	19e. INFORMANT'S NAME (Type/Print)	(Wife)	19	b. MAILIN	ADDRES	S (Street a	nd Number	or Rural R	loute Number, City or To	wn, State, Zi	p Code)	
	Mrs Sedonia E	White						d Rd	Jessu			
	20e. METHOD OF DISPOSITION 1 Burlel 2 □ Cremetion 3 □ Remo	oval trom State	20b. PLACE of cemetary	v. cremator	v or other i	place)					City or Town	
		Burlel 2 Cremetion 3 Removal from State of cemetary, crematory or other place) Donetion S Other (Specify) Meadowridge Cemetery 11/8 Elkridge, Mostgarure of Funeral Service License 22. NAME AND ADDRESS OF FACILITY										1d
	SNOWDEN FUNERAL HOME P.A 208										0850	
	CHE KI	Mor	voler		2	246	N. 1	Vash	ington :	St,	Rocky	ville, Md
NC	23. PART I. Enter the diseases, or complicatione that caused the deeth. Do not anter the mode of dying, such as cardiac or reepiratory errest, approximete interval Between Onset end Death CARDIO RESPIRATORY ARREST DUE TO (or as a consequence or; CONGESTIVE HEART FAILURE Sequentielly list conditions, Due TO (or as a consequence or): Due TO (or as a consequence or): Due TO (or as a consequence or):											
CERTIFICATION	If eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF): C. OUE TO (OR AS A CONSEQUENCE OF): d.										
	PART II. Other significent condition	a contributing to	death but not	reculting	In the u	nderlyin	g ceuee	given in		N AUTOPSY		ZERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	Slectoft	Jesdus.	4						1 YES		3	OMPLETION OF CAUSE F DEATH? YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					26. PI	ACE OF D	EATH (Che	eck only one)			
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 □ DOA	OTHE	R:			8 Other (Specify)			
ВУ РНУ	27. MANNER OF DEATH 1, Natural 5 Pending	28e. DATE OF (Month, E	INJURY	28b. TII		28c. IN.	URY AT DRK?		28d. DESCRIBE HOW	/ INJURY OC	CCURED	
	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE C building,	OF INJURY — At h	ome, farm,	atreet, fac	ctory, offic	•		28t. LOCATION (Stree City or Town, State	t and Numbe	or or Rural Roo	rte Number,
COMPLETED	(oncon only								to the cause(e) end m			and menner ee stated.
TO BE	290/SIGNATURE AND TITLE OF CERTIFIEF	no						37		29d. DA	TE SIGNED	Month, Day, Year)
F	30. NAME AND ADDRESS OF PERSON WHI	Completed CAU		EM 27) (Typ		n	D 20	770	,			
	31. DATE FILED (Month, Day, Year) NUV 06 '91		B'S SIGNATURE	ande							411	



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	t, Middle, Last)						DEAT		2 DATE	REG. NO	-		3. TIME OF DEATH
		John W	Walthe						MONTI		AY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. las		IE HADE	R t YEAR	IF UNDER	04 1400		ember	7, 1	991	7:00 a
F70 14 702/	112.4	1 🕅 M 2 🗆 F		YRS.	MONTHS	-	HOURS	MIN.	(Monti	, Day, Year)		8. BIHTI	HPLACE (State or Foreigny)
578-14-7936			73	ins.					Nov.	8,19	117	Was	hington,
9e. FACILITY NAME (If not in	istitution, give s	street and number)			9b. CIT	Y, TOWN OR	LOCATIO	ON OF DI	EATH		9c. COL	JNTY OF C	DEATH
403 Russ RESIDENCE OF DEC	sell A	venue #30)6			Gai	ther	cehii	ra			Mand	
RESIDENCE OF DEC	10b. COUNT							300	19			MONT	gomery
IOE. STATE	IOB. COUNT			10c. CI1	Y, TOWN	OR LOCATIO	N						10d. INSIDE CITY LIMITS?
		ontgomery	Z			Ga	ithe	ersb	urg				1XXXES 2 □ NO
10e. STREET AND NUMBER						101.	ZIP CODE				10g. CIT	IZEN OF	WHAT COUNTRY?
100. STREET AND NUMBER 403 RUSSE 11. MARITAL STATUS	403 Russell Avenue #306 20877												
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specific Vector No. 144)								S.A. E — American Indian.					
I I I I I I I I I I I I I I I I I I I		FORCES? X	YES 2 N	OP		If yee, spec	Ify Cubar	n, Mexica	in, Puerlo F	licen, etc.)	01 110-	Blec	k, White, etc.
3 Widowed 4 Divo	rced	WWII, Ko	rea, Vi	et Na	am	1 TYES 2	NO XNO	Specif	y:			Spec	
15. DEC	EDENT'S EDU	CATION			-	CCUPATION			1	VIII 00 00			White
(Specify only	y highest grade		(Gi	ive kind of Do NOT u	work done	during most	of working	g	180.	KIND OF BUS	SINESS/INI	DUSTRY	
15. DEC (Specify on) Elamentery/Secondary (0 17. FATHER'S NAME (First, M.	-12)	College (1-4 or 5 +	•)										
		5+		Cle	rgyma	an					Chu	rch	
17. FATHER'S NAME (First, M.	iddle, Last)						18. MOTH	ER'S NA	ME (First, A	fiddle, Maiden	Sumeme)		
Henry		Jaco	b	Walt	cher			Flo	rence				Walker
19a. INFORMANT'S NAME (7)	ype/Print)		198	b. MAILING	ADDRES	S (Street and				er, City or Tow	n. Stein 74	p Code	Harrer
Rose Mary W	alther	r											
20e. METHOD OF DISPOSITI								#300	o, Ga	ither	spur	g, MI	20877
1 Buriel 24 Crematio	n 3 🗌 Rem	oval from Stata	cemetery, cres	metory or o	of DISPOS ther place!	SITION (Nami	eof	1.	1/8/	20c. LO	CATION —	City or To	wn, State
4 Donation 5 Other					ry C	remat		am I	nc.	Bet	hesd	a, M	arvland
21. SIGNATURE OF FUNERAL SERVICE LICENSEE Montgomery Crematorium Inc. Bethesda, Maryland 22. NAME AND ADDRESS OF FACILITY RODERT A PLIND TO PROPERTY FUND FUND TO PROPERTY FUND TO PROPERTY FUND TO PROPERTY FUND TO PROPERTY FUND FUND TO PROPERTY FUND FUND FUND FUND FUND FUND FUND FUND													
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ROBERT A. Pumphrey Funeral Home/ Rockville, Inc. 300 West Montgomery Avenu													
ROCKVIIIE, Inc. 300 West Montgomery Avenu Rockville, Maryland 20854 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, Approximate													
shock, pr ha	aart fallura.	complications that	caused the de	ath. Do r	ot entar	tha mode	of dylr	ng, suci	h as card	iac or respi	ratory ar	rast,	Approximata
arrock, bi real trainers. List brily one cause on each line.										Interval Bate Oneat and D			
disease or condition ARDIE PEL MO A MAR. ARREST													
resulting In death) a. DUE TO (OR AS A CONSEQUENCE OF)													
	DUE TO (OR AS A CONSEQUENCE OF):												
Sequentially list conditions, b. HEPATOLELLULAR CARLINGMA, METASTATIL									7				
Sequantially list condition	ona,	b. DUE TO	OD AC A CONSEC	WENGE OF	Ulin	ZLING.	MA,	N	ETAS	7776			Fmos
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If any, lasding to immed cause. Enter UNDERLY!! CAUSE (Diseasa or Injur	diata NG Iry	c. CIR	RITOLIS			ZLINE	ma,	A	(ETAS:				7mos 10 YEAR
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91 32068 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH November 6, 1991 Virginia Codington Work 3:00 AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 - M 2 XX DAYS HOURS 557-92-1940 73 YRS. Jan. 3, 1918 New Jersey 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 7001 Glenbrook Road Bethesda Montgomery RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland 1 TES 2 NO Montgomery Bethesda FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7001 Glenbrook Road 20814 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or If yes, specify Cuban, Maxicen, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 1 Never Merried 2 X Marrie 2 NO BY 1 YES 2 X NO Specify: 3 Widowed 4 Divorced White ETED. 15. DECEDENT'S EDUCATION (Specify only highest grade comple 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) COMPL Registered Nurse Nursing 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Albert BE I. Codington Margaret Leggett 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Henry H. Work, M.D. 7001 Glenbrook Road, Bethesda, Maryland 20e. METHOD OF DISPOSITION
1 □ Burlel 2 X Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State 11-6-91 4 Donation 5 Other (Specify) Montgomery Crematorium, Ind. Bethesda, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Robert A. Pumphrey Funeral Home/
Bethesda-Chevy Chase, Inc. 7557 Wisconsin
Avenue, Bethesda, Maryland 20814-3501 100381 Barbara Jomcmullen Lawrence 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, **Approximate** shock, or heert failure. Liet only one cause on each line. intervei Between IMMEDIATE CAUSE (Fine) Oneet end Death disease or condition Liver Metastases resulting in death) 4 months DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Breast Cancer
DUE TO (OR AS A CONSEQUENCE OF): 15 years Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese Dr Injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in deeth) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO

COMPLETION OF CAUSE 1 TYES 2XXNO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL OTHER: 1 TES XXNO Inpetiant 2 - ER/Outpetient 3 - DOA 4 ☐ Nursing Home 5XXReeldence 8 ☐ Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1XX Natural M 1 YES 2 ND 2 Accident 28e. PLACE OF INJURY — At home, farm, streat, factory, office building, atc. (Specify) 3 Suicida 6 Could not be 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 4 Homicide

CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date end place, and due to the cause(e) and menner es stated.

**EDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurad at the time, data and place, and due to the cause(a) and menner as ateted.

ATURE OF CERTIFIER

29c. LICENSE NUMBER

29d. DATE SIGNED (Month, Day, Year)

52

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Harold S. Mirsky, M.D., 730 24th Street, N.W., #7, Washington, DC 20037

November 6, 1991

A TOTAL COLUMN SERVICE SERVICE

Friday Gorganishing Victoria

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To		ar this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page 1.2 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	0
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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REGISTRAR		CERTIF	ICATE OF	DEATH	RE	G. NO.					
1. DECEDENT'S NAME (First, Middle, Las					2. DATE OF DE		3. TIME OF DEATH				
	Walter W	. Ward			Novembe	r 8. 199	1 6:30 P				
4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR (Month, Day,	тн	8. BIRTHPLACE (State or Foreign				
089-32-4201	1 [X M 2] F	50 YRS.	MONTHS DAYS	HOURS MIN.	June 2,	1941	New York				
90. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF		TY OF DEATH					
11113 Hunt Club RESIDENCE OF DECEDENT 10a. STATE 10b. COUN Maryland Mon 10c. STREET AND NUMBER 11113 Hunt Club 11. MARITAL STATUS 1 V Never Married 1 Merried 1 M	Drive		Potoma	ac .		Mon	itgomery				
RESIDENCE OF DECEDENT 10a. STATE 10b. COUN											
Maryland Mon			Y, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?				
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3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES		2 NO Spec			Specify:				
15. DECEDENT'S EC	DUCATION	18e. DECEDENT'S	LICHAL COCKRATA	011	T		White				
(Specify only highest gra	de completed)	(Give kind of v	vork done during me retired.) Pro	ost of working	16b. KIND	OF BUSINESS/INDU	STRY				
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17, FATHER'S NAME (First, Middle, Last)	0	Trottere	S & UII.				Health Servi				
Ralph Ward					AME (First, Middle,	, , , , , , , , , , , , , , , , , , , ,					
19a. INFORMANT'S NAME (Type/Print)					Thompsor						
Ronald F. Hicks		19b. MAILING	ADDRESS (Street	and Number or Rura	Route Number, City	or Town, State, Zip C	Code)				
200. METHOD OF DISPOSITION						ac, MD 20					
1 - Burial 2 X Cremation 3 - Re	moval from Stata	Ob. PLACE AND DATE O	OF DISPOSITION (N. per place)	ame of							
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE I		Suburban		-		Silver Sp	ring, Maryla				
21. SIGNATURE OF PUNERAL SERVICE	JCENSEE			ND ADDRESS OF F		- D 4					
Collen	Rapp Funeral Services, P. A. 933 Gist Avenue, Silver Spring, MD 20910										
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in deeth) LAST	С.	S A CONSEQUENCE OF	j):	tici ene	y god	some	2 year				
PART II. Other significant condition	dons contributing to death	but not resulting i	n the underlyin	g cause given in	Part i. 24a W	AS AN AUTOPSY	24b. WERE AUTOPSY FINDIN				
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3 Suicida 6 Could not be 4 Homicide determined	building, atc. (Sp	pecify)	treet, fectory, offic		City or Town,	Street and Number or State)	Rural Route Number,				
29e. CERTIFIER 1 💢 CERTIFYING PHYON One) 2 MEDICAL EXAMIN	SICIAN: To the best of my kno IER: On the bests of examinat	owledge, death occurre	d at the time, date	and pleca, and due	o to the couse(s) as	nd menner as ateted	cause(s) end manner ee stated				
29b. SIGNATURE AND TITLE OF CENTURE	ER			29c. LICENSE NU	MBER	29d. DATE S	SIGNED (Month, Day, Year)				
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30. NAME AND ADDRESS OF PERSON W						140	- Jindot 0, 103				
Douglas J. Ward	, M. D., 2015	R Street	. NW. W	ashingto	on. DC	20009					
31. DATE FILED (Month, Day, Year)	A.M.E. DONNE	MATIRATION	,, "	22.1.900	, 50						
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OF VITAL RECORDS, P.O. BOX 68760,	N: The law requires that the death certificate be executed within 24	this certificate has been signed by the attending physician and completely filled in by the fin with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	priest or item 23 chause any injury or other transmission around any analysis and any
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HOSPITAL OR ATTENDING PHYSICIAN:

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FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH HYUN YANG 0. 11 11:28 4 91 PM 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 M 2 F HOURS 215-90-7824 YRS. Oct. 20, 1941 Korea 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR SUBURBAN HOSPITAL BETHESDA MONTGOMERY RESIDENCE OF DECEDENT 10a. STATE 10c CITY TOWN OR LOCATION 10d. INSIDE CITY Maryland MOntgomery Rockville 1 XXYES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 5304 Manor Lake Court 20853 Permanent resident 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO 1F YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or Not4. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yee, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: BY 3 Widowed 4 Divorced Specify Oriental COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 1-6 Laundry-Dry Cleaning Self employed 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Kang Shin Young BE Kim Ha Kee 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Min Young Yang 5304 Manor Lake Ct. Rockville, Md. 20g METHOD OF DISPOSITION
1 Buriel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Norbeck Memorial Park 11-7-1991 Olney, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Hines/Rinaldi Funeral Home 11800 N.H. Ave., Silver Spring, 20904 Md. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or heart failura. List only one cause on each line. Interval Batwaan IMMEDIATE CAUSE (Final Oneat and Daath disease or condition DUE TO (OR AS A CONSCOUENCE OF): reaulting In death) CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated avants reaulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO X YES 2 NO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 TO NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) iter HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1X YES 2 NO 4 Nursing Home 5 Realdance 6 Other (Specily) 0 27. MANNER OF DEATH 28d. DESCRIBE HOW INJURY OCCURED PEDESTRIAN death with the search with the 28b. TIME OF 28a. DATE OF INJURY 28c. INJURY AT 1 Natural
2 Accident 5 Pending 11-4-91 7:55PM 1 YES NO BY Investigation STRUCK BY MOTOR VEHICLE 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) DIRECTOR: At hours after de Item 28 Is r 3 Suicide 281. LOCATION (Street and Number of Augs Route Number City or Town, State) GEORGIA AVE. COMPLETED 6 Could not be 4 Homicide determined STREET HEWITT AVE, ASPEN HILL MONT. 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the filme, data and place, and due to the cause(s) and manner as stated. TO THE HOSPITAL OF TO THE FUNERAL DE filed within 72 ho 2 X MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. AIGNATURE AND TITLE ON CERTIFIER 8 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) (my/rell Whole MM O.C.M.E. NOVEMBER 5, 1991 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MARGARITA A. KORELL M.D. 111 PENNST. BALTIMORE, MD. 21201 31. DATE FILED (Month, Day, Year)
NOV - 7 1991

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If item 28 is marked, or litem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	l
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	1 - STATE REGISTRAR	STATE OF MARY	YLAND / DEPART CERTIFIC	MENT OF	HEALTH AND		HYGIENE REG. NO.	32071	
	1. DECEDENT'S NAME (First, Middle, Las	INCERS	SON			2. DATE OF MONTH	DEATH	3. TIME OF DEATH	
OR	4. SOCIAL SECURITY NUMBER 213-14-8576	5. SEX 8. AC		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, 1)	BIRTN 8	BIRTNPLACE (State or Foreign Country) ALTIMORE	
	9e. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF E			Y OF DEATH	
	3800 BELVEDERE A	AVENUE APT.	805	BALT	IMORE				
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUN	TY .	40. 0077						
I I	INC. CITY, TOWN ON ESCATION						10d. INSIDE CITY LIMITS?		
	MARYLAND 100. STREET AND NUMBER				I. ZIP CODE		La	1 YES 2 NO	
ER	2000 BELLEDBER	300 RELVEDERE AVENUE APT. 805						N OF WNAT COUNTRY?	
FUNERAL	1. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARME						Specify Year or No. 11	A . I. RACE — American Indian,	
BY F	1 Never Married 2 Married	FORCES? 1 7		X NO If yea, specify Cuban, Maxican, P			an, atc.)	Black, White, etc. Specify:	
	3 € Widowed 4 □ Divorced			Specify.			BLACK		
COMPLETED	15. DECEDENT'S ED (Specify only highest gra-	de completed)	18a. OECEDENT'S US	SUAL OCCUPATI rk done during ma retired.)	ON ost of working	18b. K	ND OF BUSINESS/INDUS		
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)							
MC	17. FATNER'S NAME (First, Middle, Last)		FACTORY	WORKE					
EC	ANDREW FRANKLIN					AME (First, Mid ORE WII	die, Maiden Sumame)		
00	19a. INFORMANT'S NAME (Type/Print)						City or Town, State, Zip Co		
5	_AUDREY SMITH								
	20a. METNOD OF DISPOSITION					DATE	IMORE, MD.		
	1 N Burlel 2 ☐ Cremation 3 ☐ Re 4 ☐ Donetion 5 ☐ Other (Specify)	1 N Burlel 2 Cremation 3 Removal from State A Department of Control (Section 1) Removal from State Control (Section 2) Removal from State Control (Section 3) Removal from St							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY								
	JOSEPH H. BROWN JR. FUNERAL HOME, P.A. 1913 W. BALTO. ST. BALTIMORE, MD. 21223; P.O. BOX 443								
	23. PART i. Enter the diseases, or	complications that cause	ed the death. Do not	1913 W	. BALTU. S	or. BALT	IMORE, MD. 21	223; P.O. BOX 443	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between Onest and Death disease or condition								
	disease or condition reaulting in death) a. Acut Mayo can death Defaulting in death) Due to (or as a consequence of):								
z									
ET.	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	CAUSE, (Disease or injury								
H	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):							
H	d								
CAL	PART II. Other significant condition	ons contributing to death	but not resulting in	the underlying	g cause given in	Part i. 24	a. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS	
	- Robelis Mellelis						AVAILABLE PRIOR TO COMPLETION OF CAUSE		
AEC						_ '	YES 2 NO	OF DEATN?	
ä								1 TES 2 NO	
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? EXAMINER? LOSDITAL. 26. PLACE OF DEATH (Check only one)								
Sign	1 VES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Or		THER: Nursing Nom	Realdence	6 Other (S	pecify)		
E	27. MANNER OF DEATN	28e. DATE OF INJUR (Month, Day, Year		OF 28c. INJ	1		BE NOW INJURY OCCUP	DED	
BY	2 Accident 5 Pending Investigation		, , , , , , , , , , , , , , , , , , , ,		YES 2 NO				
- 4	3 Suicide 6 Could not be 28s. PLACE OF INJURY — At home, ferm, street, factory, office				•	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	4 Nomicide determined City or Town, State)								
P	29a. CERTIFIER (Check only Check on Check								
O	one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and mannar as stated.								
BE C	29b. SIGNATURE AND TITLE OF CERTIFICA				29c. LICENSE NUMBER				
	1	The allerd-			1)2044		D 11/23/81		
임	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF	DEATN (ITEM 27) (Type, By	fnt)	3	10			
	+11) they	unad	Kny Ro	-	0	122	7		
	NOV 25 1991	32. REGISTRAP'S AU	ENTUPON DE LOS						

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MOV 9 5

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF HEALI	H AND MI	ENTAL HYGIEN		32012
	1. DECEDENT'S NAME (First, Middle, Last)		CERTIFIC	CATE OF DE		REG. NO		
	HERBERT	R		ANDERSON,		MONTH D	18	91 07:24 AM
DIRECTOR	4. SOCIAL SECURITY NUMBER 215 01 9190	1 M 2 🗆 F		IF UNDER 1 YEAR IF UN KONTHS DAYS HOUR		DATE OF BIRTH (Month Day, Year)	5	BIRTHPLACE (State or Foreign Country) Marvland
	98. FACILITY NAME (If not institution, give street and number) NORTH ARUNDEL HOSPITAL ASSOCIATION GLEN BURNIE 96. CITY, TOWN OR LOCATION OF DEATH A.A. COUNTY RESIDENCE OF DECEMENT							
	Maryland 10b. COUNT	Anne Arund		TOWN OR LOCATION Pa	sadena			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	8364 Forrest Dr.			10f. ZIP CODE 21122			10g. CITIZEN OF WHAT COUNTRY? United States	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 100 IF YES, GIVE WAR OR DATES		13. WAS DECENDEN If yee, specify Cu 1 YES 2	ORIGIN? (Specify Yas Puarto Rican, atc.)	IIGIN? (Specify Yas or No. 14. RACE - Ame		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	/Secondary (0-12) College (1-4 or 5+) life, Do NOT use		rk done during most of wo		self Employed		
E CON	17. FATHER'S NAME (First, Middle, Last) Charles	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAME (First, Middle, Maiden Surname)			Meyers
TO BI	19a. INFORMANT'S NAME (Type/Print) Herbert R. Ande	rson, Jr.	19b. MAILING AI	DDRESS (Street and Num	ber or Rural Rou	te Number, City or Town	n, State, Zip Co	ode)
	20a. METHOD OF DISPOSITION 20b PLACE AND DATE OF DISPOSITION (Name of							
	1 Burlat 2 Cremation 3 Removat from State 4 Donation 5 Xother (Specify) Entombrent Clen Haven Memorial Park 11/21/91 Glen Burnie, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY							
	McCully Funeral Home of Pasadena Pasadena, MD 21122 / 3204 Mountain Rd.							
CERTIFICATION	23. PART I. Enfer the disease, Dr complications that ceused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart feliure. Liet only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Approximate Intervel Between Onset and Death Approximate Intervel Between Onset and Death DUE TO (OR AS A CONSEQUENCE OF):							
	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):							
CER	d							
MEDICAL	PART II. Other significent condition	e contributing to death b	ut not resulting in	the underlying ceuse	given in Per	t I. 24a. WAS AN / PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:							
HYS	1 VES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)							
BY PI	1 Natural 5 Pending (Month, Day, Year) INJURY INJURY			WORK? M 1 YES 2		28d. DESCRIBE HOW INJURY OCCURED		
ETED	3 Suicida 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify)				LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.							
BE	296. SIGNATURE AND TITLE OF CHITTEE OF CHITT							
2	30. NAME AND ADDRESS OF PERSON WHILE COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) WILLIAM JONES, M.D./P.O. BOX 99/LOTHIAN, MARYLAND 20711							

TO BE COMPLETED BY FUNERAL DIRECTOR

REGISTRAR		VEDIII	FICATE (REG. NO			
1. DECEDENT'S NAME (First, Middle, Last)				J. DEATH		TE OF OEATH			3. TIME OF DEATH
Julia Iva		Brown			Moi	1 22	AY	YEAR 9 9 1 1	12:36 A M
4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday)	IF UNDER 1 YE			E OF BIRTH			LACE (State or Foreign
217-84-6119	1 M 2 X F	30 YRS.	MONTHS DA	YS HOURS MI	N.	11-11	-61	Mary	7land
9a. FACILITY NAME (If not institution, give	street end number)		9b. CITY, TO	WN OR LOCATION O	F DEATN		9c. COU	NTY OF DE	ATN
2200 blk. Purn	ell Road		Balt	imore					
10e. STATE 10b. COUNT	Y	10c. CI	TY, TOWN OR LO	DCATION					IOd, INSIDE CITY
Maryland		Ba	ltimor	e					TELIMITS?
10e. STREET AND NUMBER				101. ZIP CODE			10g. CIT		IAT COUNTRY?
303 Gwynn Ave	enue			2122	9			S.A.	
11. MARITAL STATUS	12. WAS DECEDENT EV FORCES? 1		13. WAS	DECENDENT OF NIS	SPANIC ORIG	SIN? (Specify Yes	or No-	14. RACE -	- American Indien, White, etc.
14 Never Married 2 Merried 3 Widowed 4 Olvorced	IF YES, GIVE WAR	OR OATES	1 []	YES 2 X NO Sc	ixican, Puart becify:	o Ricen, etc.)		Specify:	
15. DECEDENT'S EDU	ICATION.	Landara and an annual and an annual and an							Black
(Specify only highest grade	completed)	16e. OECEDENT'S (Give kind of	S USUAL OCCUP work done during use retired.)	PATION 7 most of working	1	6b. KINO OF BU	SINESS/IND	USTRY	
Elamentary/Secondery (0-12)	College (1-4 or 5+)	Unemp							
17. FATNER'S NAME (First, Middle, Last)		1		18, MOTNER'S	NAME (First	, Middle, Malden	Sumame)		
Oscar Brown						agley	ournamay		
19e. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADORESS (Str	et and Number or Ru			n, State, Zip	Code)	
Michael Fenwi	ck			Avenue					229
20/r. METNOD OF OISPOSITION 1	oval from State	20b. PLACE AND DATE	OF DISPOSITION	(Nama of	0.4	TE 20c. LO	CATION —	City or Town	ı, Stata
4 Donation 5 Other (Specify)	\sim	Western	Star	Cemete	ry11.	/26 Ca	tons	vill	e, MD
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	V	Mars	E ANO ADDRESS OF	FACILITY	ies. J	r. F	uner	al Home
Show and	and a	man)	4101	Edmon	dson	Ave.	Balt	0 · M	ID 21229
23. PART I. Enter the diseases, or	complications that car	sed the daath. Do	not enter the	mode of dying,	such as ca	rdiec or reepi	retory arr	est,	Approximete
shock, or heert failure. IMMEDIATE CAUSE (Finel	Liet only one defuse of	n eech line.							Intervel Between Oneet and Deeth
diseese or condition recuiting in deeth)	· MULTI	AS A CONSEQUENCE OF	URIES						
	OUE TO OR	AS A CONSEQUENCE O	DF):		-				
Sequentially list conditions,	b								
If any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR	AS A CONSEQUENCE C	OF):						
CAUSE (Diseese or injury	c. DUE TO (OR	AS A CONSEQUENCE O	NE).						
thet initiated events resulting in deeth) LAST	002 10 (01)	TO A CONSCORDING C	,						
	d								<u> </u>
PART II. Other eignificent condition	s contributing to deal	h but not resulting	in the underl	ying couse given	in Pert i.	24s. WAS AN PERFOR			ERE AUTOPSY FINDINGS
						1 XYES 2		0	
						I LES 2			OMPLETION OF CAUSE F OEATH?
						1 7 23 2			OMPLETION OF CAUSE F GEATH?
						\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			F OEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26 OTHER:	. PLACE OF DEATN	(Check only o				F OEATH?
EXAMINER? 1 X YES 2 NO	1 - Inpatient 2 - ER/		OTHER: 4 Nursing I	lame 5 🗆 Residen	ca 6 X Oth	one) er (Specify)	n st	reet	F OEATH? YES 2 NO
EXAMINER? 1	1 Inpatient 2 ER/	RY 28b. TIN	OTHER: 4 Nursing N	Nome 5 Resident	ca 6 X Oth	one) or (Specify) O ESCRIBE NOW IF	n st	reet	F OEATH?
EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation	1 Inpatient 2 ER/(28a. OATE OF INJU (Month, Day, Ye) 1 2 2 1	991 12:	OTHER: 4 Nursing N IE OF 28c. JURY 1	Nome 5 Resident	28d. of Pas	one) Ser (Specify) O SCRIBE NOW IN Senge:	n st	reet	roeath? yes 2 no auto/
EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending	28a. OATE OF INJU (Month, Day, Ye 1 2 2 1 28a. PLACE OF INJ building, etc. (RY 28b. TIN IN. 9 9 1 12: URY — At home, ferm, Specify)	OTHER: 4 Nursing N IE OF 28c. JURY 1	Nome 5 Resident	28d. 00 Pas pol	er (Specify) O ESCRIBE NOW IF S E N G E C ATION (Street a y or Town, State)	n st	Treet	YES 2 NO
EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined	1 Inpetient 2 ER/ 28a. OATE OF INJU (Month, Day, to 1 2 2 1 28a. PLACE OF INJ building, etc. (RY 28b. TIM IN. 991 12: URY At home, term, Specify) Street	OTHER: 4 Nursing N BE OF 28c. JURY 2 6 Å 1 street, lectory, o	INJURY AT WORK? YES 2 NO	28d. 00 Pas pol 26t. Lo	one) Der (Specify) O ESCRIBE NOW IF S e n g e n E f re a y or Town, State) O blk	n st	reet auto act or Rural Rou rnel	YES 2 NO
EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only) 1 X YES 2 NO 27. MANNER OF DEATN 5 Pending Investigation 6 Could not be determined	1 Inpetient 2 ER/ 28a. OATE OF INJU (Month, Day, 16 1 2 2 1 28e. PLACE OF INJ building, etc. (O D CIAN: To the best of my k	RY 28b. TIMIN 991 12: URY — At home, term, Specify) Street nowledge, daath occurrence.	OTHER: 4 Nursing No. 1 Nursing Nursing No. 1 Nursing No. 1 Nursing No. 1 Nursing	INJURY AT WORK? YES 2 NO	28d. 0th 28d. 0th Pas pol 26t. Lo C/ft 2 2 0	one) er (Specify) O ESCRIBE NOW IN S E N G E C F T P E y or Town, State) O blk Buse(s) and man	n st	Treet DUREO auto act or Rural Rou rnel	/auto/ to Number, Road
EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	1 Inpetient 2 ER/ 28a. OATE OF INJU (Month, Day, Ye) 1 2 2 1 28a. PLACE OF INJ building, etc. (O D CIAN: To the best of my k R: On the basis of axemin	RY 28b. TIMIN 991 12: URY — At home, term, Specify) Street nowledge, daath occurrence.	OTHER: 4 Nursing No. 1 Nursing Nursing No. 1 Nursing No. 1 Nursing No. 1 Nursing	INJURY AT WORK? YES 2 NO	28d. 0th 28d. 0th Pas pol 26t. Lo C/ft 2 2 0	one) er (Specify) O ESCRIBE NOW IN S E N G E C F T P E y or Town, State) O blk Buse(s) and man	n st	Treet DUREO auto act or Rural Rou rnel	/auto/ to Number, Road
EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only) 1 X YES 2 NO 27. MANNER OF DEATN 5 Pending Investigation 6 Could not be determined	1 Inpetient 2 ER/ 28a. OATE OF INJU (Month, Day, Ye) 1 2 2 1 28a. PLACE OF INJ building, etc. (O D CIAN: To the best of my k R: On the basis of axemin	RY 28b. TIMIN 991 12: URY — At home, term, Specify) Street nowledge, daath occurrence.	OTHER: 4 Nursing No. 1 Nursing Nursing No. 1 Nursing No. 1 Nursing No. 1 Nursing	INJURY AT WORK? YES 2 NO	28d. oth 28d. oth Pas Pol 28t. Lo Cit 2 2 0 due to the cithe time, der	one) er (Specify) O ESCRIBE NOW IN S E N G E C F T P E y or Town, State) O blk Buse(s) and man	n st SURY OCC Tin Tin Tin Number Pu There as atated due to the	reet UREO auto act rnel ad. a cause(s) e	/auto/ to Number, Road
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending investigation 2 Accident 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 200 SIGNATURE AND TITLE OF PERTIFIER	1 Inpetient 2 ER/ 28a. OATE OF INJU (Month, Day, 16. 1 2 2 1 28e. PLACE OF INJ building, etc. (O I) CIAN: To the best of my k R: On the basis of examin	RY 28b. Tilk IN. 12: URY — At home, term, Specify) Street nowledge, daath occurrentlon and/or investigation.	OTHER: 4 Nursing 4 EE OF JURY 2 8c. JURY 3 1 Street, fectory, o	INJURY AT WORK? YES 2 NO	28d. of Pas Poly 22d. Lo	one) er (Specify) O ESCRIBE NOW IN S E N G E C F T P E y or Town, State) O blk Buse(s) and man	n st SURY OCC Tin Tin Tin Number Pu There as atated due to the	reet UREO auto act rnel ad. a cause(s) e	/ auto/ to Number, 1 Road
EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	1 Inpetient 2 ER/ 28a. OATE OF INJU (Month, Day, 16. 1 2 2 1 28e. PLACE OF INJ building, etc. (O I) CIAN: To the best of my k R: On the basis of examin	PRY 28b. Times 1 2: URY — At home, ferm, Specify) Street nowledge, dasth occurration and/or investigate. DEATN (ITEM 27) (Type	OTHER: 4 Nursing N 4 Steel, lectory, of the time, con, in my opinion	INJURY AT WORK? YES 2 NO Iffice Ista and pleca, and on, death occured at 29c. LICENSE t O. C. M	28d. Other 28d. Do Pas poll 26t. LO City 220 due to the cithe time, det	one) Ser (Specify) O ESCRIBE NOW IF S E n g e : CATION (Street & carrion, State) O b 1 k Busse(s) end man la end plece, end	n st JURY OCC In Improve in Pu Pu Pu Pu Pu Pu Pu Pu Pu Pu	Treet UNEO auto auto nct rnel d. a cause(s) e SIGNED (M	/ auto/ to Number, 1 Road Ind manner es stated.
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b SIGNATURE AND TITLE OF PERTIFIER	28a. OATE OF INJU 28a. OATE OF INJU 28a. OATE OF INJU (Month, Day, 16 1 2 2 1 28a. PLACE OF INJ building, etc. (O D CIAN: To the best of my k R: On the best of examin	PRY 28b. TIMES 1 12: URY — At home, ferm, Specify) Street nowledge, dasth occurration and/or investigate. DEATN (ITEM 27) (Type	OTHER: 4 Nursing N EOF 28c. URY 2 6 M 1 1 street, lectory, o	INJURY AT WORK? YES 2 NO Iffice Ista and pleca, and on, death occured at 29c. LICENSE I	28d. Other 28d. Do Pas poll 26t. LO City 220 due to the cithe time, det	one) Ser (Specify) O ESCRIBE NOW IF S E n g e : CATION (Street & cation, State) O blk Busse(s) end man de end plece, end	n st JURY OCC In Improve in Pu Pu Pu Pu Pu Pu Pu Pu Pu Pu	Treet UNEO auto auto nct rnel d. a cause(s) e SIGNED (M	/ auto/ to Number, 1 Road Indimenses stated.

TO THE MOSPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rav 1/89

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	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTME	NT OF HEALTH	AND MENT	AL HYGIENE REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)	Vito Jose				E OF DEATH	3 9/	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 9e. FACILITY NAME (If not institution, give	5. SEX 6. AGE (In	yrs. last birthday) IF UN	12	MIN. (Moi	E OF BIRTH	-	THPLACE (State or Foreign intry) ALTIMOSUMAD				
DIRECTOR	UNIVERSITY of /	MARYLAND HOS	PITAL BI	ALTIMARE,		1/20/	COUNTY OF	DEATH				
	100. STATE 100. COUNT 100. COUNT 100. STREET AND NUMBER	TIMBLE CITY		N OR LOCATION				10d. INSIDE CITY LIMITS? 1 YES 2 NO				
FUNERAL		AVE BALT					0.5	WHAT COUNTRY?				
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 NO If yes, specify Cyben, Maxican, Puerto Rican, etc.) 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yea or No- If yes, specify Cyben, Maxican, Puerto Rican, etc.) 14. RACE — American Indian Black, White, etc. 15. YES, GIVE WAR OR DATES 16. YES 2 NO Specify: 17. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yea or No- If yes, specify Cyben, Maxican, Puerto Rican, etc.)											
PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY											
BE COMPL	17. FATHER'S NAME (First, Middle, Last)	Tenu Ada	ms		ER'S NAME (First,	Middle, Maiden Surn	ich					
5	19a. INFORMANT'S NAME (Type/Print) SHIRLEY ADA	m5	527 B	ALTIC AV	E B1	nber, City or Town, St.	INE, A	RIP .				
	20b. PLACE AND DATE OF OISPOSITION 11 Burlet 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF OISPOSITION (Name of captelery, genetory or other place) 20c. LOCATION — City or Town, State											
	Leone Francescape HOOI-Ritchie Husu BAITO, Md 21225											
	22. PARTIL Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, immediate CAUSE (Finel disease or condition resulting in death) OUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury c											
SERTIF	that initieted eventa resulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF):									
CAL	PART II. Other significant condition	ns contributing to death but	not resulting in the	undarlying cause giv	ven in Part i.	24e. WAS AN AUTO PERFORMEO 1 TYES 2 TO	2/	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF OEA	TH (Check only o	ne)						
YSIC	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatie	ent 3 DOA 4 N									
ву РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26e. OATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	26c. INJURY AT WORK?	26d. OE	SCRIBE HOW INJUR	Y OCCURED					
	3 Suicide 6 Could not be determined	26a. PLACE OF INJURY — building, atc. (Specify)	At home, farm, street, fa	ectory, office	281. LOC City	CATION (Street and No or Town, State)	imber or Rural	Route Number,				
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE	ICIAN: To the best of my knowledg	ge, death occurred at the nd/or investigation, in my	time, date end place, a	nd dua to the ce at the time, date	use(a) end manner a a and placa, end due	a stated, to the ceuse(a) and menner as stated.				
TO BE		No mo		29c. LICEN	SE NUMBER	36 290	DATE SIGNED	O (Month, Day, Year)				
		Cal my										
	31. OATE FILEO (Month, Day, Year)	HEGISTRAR'S SIGNATU	IRE					-				

Julia Devidson Bondally

HEGISTRAR'S SIGNATURE
1 25 1991

Three arms

TO THE HOSPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
24 mours	filled in	tion, or re	the med	
ed within	ompletely	ul, cremat	event,	
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ertificate	ing physic	rgiene pri	other tr	
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E	100	De file	IMP	

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (175M 27)

32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR	RTMENT OF I	REALTH AND DEATH	MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last) Kather	cine A. B	uckley			Harv	2. DATE OF DEATH MONTH NOV. 20,	~ 1991	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 214 40 5014	5. SEX 1 M 2 K F	6. AGE (In yrs. las.	t birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Oct. 2,	1914	8. BIRTH Countr	HPLACE (State or Foreign MD
TOR	96. FACILITY NAME (If not institution, give Union Memorial RESIDENCE OF DECEDENT					or Location of Di timore	EATH	9c. COU	INTY OF D	DEATH
DIRECTOR	10e. STATE 10b. COUNT	Υ			y, town on Local					10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10%. STREET AND NUMBER 225 D E. No	orthern P	arkway		10	ZIP CODE 21212	2	10g. CIT	TIZEN OF W	WHAT COUNTRY?
B≺	11. MARITAL STATUS VXNever Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1	IT EVER IN U.S. ARI YES 2 X N WAR OR DATES	MED	If yes, sp	ecify Cuben, Mexica 2 ANO Specifi	NIC ORIGIN? (Specify Yar in, Puerto Rican, etc.) y:	or No—	Speci	E — American Indian, k, White, atc.
APLETED	15. DECEDENT'S EDI (Specify only highest gradi Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5-5+	(Gi	ve kind of a Do NOT us	USUAL OCCUPATION Work done during mode retired.)	ON est of working	16b. KIND OF BU		DUSTRY	
BE COMPL	17. FATHER'S NAME (First, Middle, Lest) Leo Alfred	Buckley,	Sr.				ME (First, Middle, Maiden Marie Owen			
TO	Mr. John L. Buckley 19b. Malling Address (Street and Number or Bural Route Number, City or Town, State, Zip Code) 1515 Kingsway Road Baltimore, Md. 21218									
	20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of commetted to the commetted of the plant of the commetted of the plant of the plan									
	22. NAME AND ADDRESS OF FACILITY FIELD HOME, INC. 6500 York Road Baltimore, Md. 21212									
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or reapiratory arreat, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition reaulting in death) DUE TO (OH AS A CONSCOUENCE OF):								Approximate interval Between Onset and Death Z-3 mm	
ATION	Sequentially list conditions, if any, leading to immediate b. UMICAL Introduction DUE TO (OR AS A CONSEQUENCE OF):									5m
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. Xan	OR AS A CONSEO	UENCE OF	forsa	alley	hase			1-2 her.
PHYSICIAN: MEDICAL CE	PART II. Other significant condition	as contributing to		for	in the underlying	cause given in	Part I. 24a. Was AN PERFOR	MEDZ	1/8/5	WERE AUTOPSY FINDINGS AMILABLE PINOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL I	Capitacipations 3	□ DOA	OTHER:	ACE OF DEATH (Che	The same of the sa			
B⊀	27. MANNER OF DEATH Martinel S Pending	29a, OATE OF (ARAIII, O		280 FINE INJ 18, Ignet, o	E OF 20c. BLZ	HRY AT	St. LOCATION (Times a City or Times, Date)	_	7	Side Mumber
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSI CERTIF	CIAN: To the best of R: On the basis of a	my knowledge, dea	th occurre	od at the time, data	and place, and due	to the cause(a) and man	mer as state	ed.	and manner so stated
TO BE CC	296. SIGNATURE AND TITLE OF CERTIFIES	n H. M	Wonso	1 N	7	29c. LICENSE NUM	IBER			(Month, Oay, Year)

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HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.		2, 3 should	
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IOSPITAL OR ATTENDING PHYSICIAN: The law require UNERAL DIRECTOR: After this certificate has been slithin 72 hours after death with the State Dept. of He ANT: If item 28 is marked, or item 23 shown	es that the	afth and N	any inj
IOSPITAL OR ATTENDING PHYSICIAN: The UNERAL DIRECTOR: After this certificate hithin 72 hours after death with the State Dant. If item 28 is marked, or item	law require	as been signed	23 show
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	FOR 1 - STATE REGISTRAR	STATE OF MA			RTMENT OF H			MENTAL HYGIEN		1	32076
	1. DECEDENT'S NAME (First, Middle, Last)		- 01	-11111	TOATE OF	DEA	III	2. DATE OF DEATH).		3. TIME OF DEATH
	David	Leslie		В	uxton				72.1	YEAR OO	M. AM "
	4. SOCIAL SECURITY NUMBER	5. SEX 6	. AGE (In yrs. las	t birthday)	IF UNDER 1 YEAR	-	R 24 HRS.	7. DATE OF BIRTH	23//	8. BIRTNP	LACE (State or Foreign
	023-26-5985	1 XM 2 F	57	YRS.	MONTHS DAYS	HOURS	MIN.	July 31 1	934		sachusetts
-	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, TOWN					TY OF DE	
DIRECTOR	10 Limb Court				White				В	altim	ore
	Maryland Ba	ltimore			ite Hall					IOd. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	10 Limb Court				10:	2116				SA	IAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 X Married 3 Wildowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 5 IF YES, GIVE WAF	EVER IN U.S. AR YES 2 N OR DATES	MED	If yes, sp	ecify Cubi	ın, Maxica	NIC ORIGIN? (Specify Yan, Puerto Rican, etc.)	a or No—	Black,	- American Indian, White, atc. White
TED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	18a. DE	CEDENT'S	USUAL OCCUPATION	ON ost of worki	na	16b. KIND OF BU	SINESS/IND		
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)			work done during mo se retired.)						
NA I	12 years 17. FATNER'S NAME (First, Middle, Last)		Cr	niet	Master S	top!		Md. Na		Juaro	d
	George Everett E	Buxton				18. MOT	NER'S NA	ME (First, Middle, Meiden line Freem	Sumame)		
BE	19a. INFORMANT'S NAME (Type/Print)	Juxton	101	MAILING	ADDRESS (Over a)			Route Number, City or Tow		-	
2	Mrs. Tsuyoko K.	Buxton	130					te Hall, M			
	20a. METNOD OF DISPOSITION			ND DATE	OF DISPOSITION (Na				CATION — C		n. State
	1 Donation 5 Other (Specify)		cemetery, crei		rematory	,			onsvil		
	21. SIGNATURE OF FUNERAL SERVICE LIC	Maril	mal	1	22. NAME AP	ND ADDRE	SS OF FAC				
	Mar	tin D. La	wson	arris .				ia Rd., T		um.	Md. 21093
CERTIFICATION	23. PART I. Enter the disesses, prosphock, prheart fellure. Immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OI	R AS A CONSED	UENCE OF	P:	de bi dy	ng, sucr	n as cardiac or resp	ratory arre	SI,	Approximate Interval Between Onaet and Deeth
MEDICAL	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 400 1 YES 2 NO								VAILABLE PRIOR TO OMPLETION OF CAUSE OF DEATN?		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSBITAL				ACE OF D	EATHICHE	ck only one)			
PHYSICIAN:	1 YES 2 ND	HOSPITAL:	R/Outpatient 3	□ DOA	OTHER: 4 Nursing Nome	5	eldence	6 Other (Specify)			
PH	27. MANNER OF DEATN 1 Pending	28a. DATE OF IN. (Month, Day,		28b. TIMI	URY WO	URY AT RK?		28d. DESCRIBE HOW I	NJURY OCCU	JRED	
2 Accident Investigation M 1 YES 2 NO											
TED	3 Suicide 8 Could not be determined	building, etc	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)					281. LOCATION (Street of City or Town, State)	and Number o	r Rural Rou	te Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSIC 2 MEDICAL EXAMINER	1: On the beals of exem	knowledge, dea	th occurre	od at the time, date n, in my opinion, de	and place,	and dua	to the cause(a) and mar time, date and place, an	nner sa state	1. cause(a) a	nd manner as stated.
TO BE	296. SIGNATURE SHOW TITLE OF CERTIFIED	On on	un	eli	hun	296 LICE	NSE NUM	383	29d. DATE	SIGNED (M	ionth, Day (Year)
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITEN	27) (Type.	204 /	No	e dan	MILLEN Rd	-/1-	7	2/093
	31. DATE FILED (Month, Day, Year) NOV 2.5 1991	32 REGISTRADIS	SIGNATURE AND TO	dell	,					1677	THE TREE



HONER 1831 Stedies Color

3. TIME OF DEATH

10d. INSIDE CITY

5.A

Black

Approximata

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO

281. LOCATION (Street end Number or Rural Route Number, City or Town, State)

29d. DATE SIGNED (Month, Day, Year)

Interval Between

Onset and Death

1 X YES 2 NO

use as the burial-transit permit, Pages 1, 2, 3 should

FUNERAL DIRECTOR

BY

COMPLETED

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THE HDSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for if led within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal	PORTANT. If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event the medical examiner must be medical
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CERTIFICATION

PHYSICIAN: MEDICAL

BY

COMPLETED

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4 Homicide

(Check only one)

8 Could not be

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH lavie YEAR an 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS HOURS YRS 9a. FACILITY 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH RESIDENCE OF 10b. COUNTY 10c. CITY, TOWN OR LOCATION Balto 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 8 0 21215 4. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S., ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No If yea, specify Cuban, Mexican, Puarto Rican, etc.)
 T YES 2 NO Specify: 14. RACE — American Indian, Brack, White, etc. 1 Never Married 2 Marrie 3 Wildowed 4 Divorced 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION (Sp) Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First MIH 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS / 20a, METHOD OF DISPOSITION

1 Burial 2 Cramation 3 20b. PLA 20c. DATE Removal from State ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 23. PART I. Enter the diseasea, of complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause **IMMEDIATE CAUSE (Final** disaasa or condition reaulting in daath) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): that initiated avents reaulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTORSY PERFORMED! 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one EXAMINER? HOMPITAL OTHER: 1 YES 2 Impatient 2 - ER/Outpatient 3 - DOA 5 - Realdence 8 - Other (Specily) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural M 1 YES 2 Accident

TO THE FUNERAL DIRE
De filed within 72 hours
IMPORTANT: If Item BE 85 Z 2 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type 30. NAME AND ADDRESS OF PERSON 199 P. REGISTRAR'S SIGNATURE DAY OF AND LONG NOV25

28e. PLACE OF INJURY — At home, tarm, atreat, factory, office building, atc. (Specify)

CENTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

METHICAL Enterior On the pasia of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as etated



FOR STATE REGISTRAR

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	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after de	UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi

REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 215 MONTH Robert C. Beckwith 91AR 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) Month 104% Your 921 054-14-3411 1 X M 2 - F 70 New York permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH DIRECTOR 4809 Carroll Manor Rd. Baldwin Baltimore RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baldwin Maryland Baltimore 1 TES 2 NO FUNERAL 10e. STREET AND NUMBER 10t. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? burial-transit 4809 Carroll Manor Rd. 21013 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or No-it yes, specify Cuban, Maxican, Puarto Rican, atc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2XCX Married BY 1 YES 2 NO Specify Specify 3 Widowed 4 Divorced use as the WW 11 White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY be detached for Elementary/Secondary (0-12) College (f-4 or 5+) 12 years Military Service 2 years Purchasing Officer 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden St Harlow Homer Beckwith Marguerite Barber at BE page 5 should notified 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
4809 Carroll Manor Rd. Baldwin, Md. 19a. !NFORMANT'S NAME (Type/Print) 2 Mrs. Arlene Beckwith 21013 pe 20a. METHOD OF DISPOSITION

A Burlat 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must DATE uneral director, Wilson U Cemetery 11/19/91 Baltimore Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lassahn Funeral Home Jaccelin 7401 Belair Rd. Baltimore, Maryland 21236 or removal medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximeta shock, or heart failure. List only one cause on each line. Interval Batween IMMEDIATE CAUSE (Final Onaet and Death the cremation, disease or condition Vajoci tomo 3 mont reaulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF): prior to burial, CERTIFICATION Sequantially list conditiona, DUE TO (OR AS A CONSEQUENCE OF) If any, laading to immediate cause. Entar UNDERLYING other t CAUSE (Disease or Injury that initieted events DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST 6 Health and Mentai Injury, PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAIL ARLE PRIOR shows any COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO 1 YES 3 NO 0 PHYSICIAN: Dept 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) item State OTHER: 1 YES 2 2 10 1 | Inpetient 2 | ER/Outpetient 3 | DOA 10 4 Nursing Home 5 Realdence 6 Other (Specify) the 27. MANNER OF DEATH 28a. DATE OF INJURY marked, 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED with 1 Natural 5 Pending Investigation м 1 YES 2 NO BY death 2 Accident 28a. PLACE OF INJURY — At home, term, street, factory, office 3 Sulcida 60 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be ETED. after 28 4 Homicide hours a item 29a. CERTIFIER

(Chark any CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as attend. COMPL TO THE HOSPITAL
TO THE FUNERAL (
be filed within 72 h
IMPORTANT: If II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 18/91 1120386 M 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Davis M. Hahn, M. D. Good Samaritan Professional Bldg. Suuite 107, Balto., Md. 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE who Savidson Randall NOV25 1991

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Oept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notitled at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

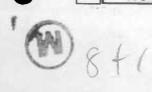
FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CERTIF	ICATE OF	DEATH		REG. NO			
3	t. DECEDENT'S NAME (First, Middle, Last)					2	2. DATE OF OEATH			3. TIME OF DEATH
	В	ertram L	Breue	r			N	November	AY 10 10	YEAR	2:20AM M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDER 1 YEAR	IF UNDER 24 H		DATE OF BIRTH			IPLACE (State or Foreign
	221-05-1135	120M 2 □ F	70	YAS.	MONTHS DAYS	HOURS MI	IN.	1/29/19:	21	Counti	mington.De
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOWN C	R LOCATION C	DE DEAT		_	NTY OF D	
E E			- 1						sc. 000	WII OF D	Cain
DIRECTOR	Maryland Gener	al Hospit	<u>a.r.</u>		Baltimo	ore Cit	ty_				
H	10a. STATE 10b. COUN	TY		10c. CIT	Y, TOWN OR LOCAT	ION					10d. INSIDE CITY
	Maryland							Balto.	City	, Md	10d. INSIDE CITY LIMITS? 1 X YES 2 NO
AL	10e. STREET AND NUMBER				101	. ZIP CODE					VHAT COUNTRY?
103 Mt.Royal Ave. 21202 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Types 2 No. 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Year or No) 14. Black											
									— American Indien,		
	Naver Married 2 Married	FORCES? 1	TYES 2	NO	If yea, sp	ecify Cuban, Ma	axican, i	Puarto Rican, atc.)		Bleck	t, White, atc.
m 3 Widowed 4 Divorced W.W.2										White	
	15. DECEDENT'S ED (Specify only highest gred	UCATION (e completed)	18a.	DECEDENT'S	USUAL OCCUPATIO	N .		16b. KIND OF BU	SINESS/INE	USTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+	1		work done during mo se retired.)				1 0	1 -	- 1 C
MP	12th.Grade			School	ol Teac	her		Maryia	na S	cno	ol System
COMPLET	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S	S NAME	(First, Middle, Maiden	Surname)		
ш		Emanuel	Le	efcow	itz	Pea	arl		Br	eue	_
B	t9a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Street e	nd Number or R	Rural Rou	rte Number, City or Tow			
유	Marjorie B.Chr	istian						owie, Md			
	20a. METHOD OF DISPOSITION		20b. PLAC	CEAND DATE	DE DISPOSITION (A)	mo of		DATE 200 10	CATION	D4 T-	wn State
	1 Buriel 2 Cremation 3 Rer	noval from State	Che I	crematory or o	m . Vet	'emete	2230	11/27 C1	he1+	onh-	m Md
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE (7	0011114	22. NAME AN	D ADDRESS O	F FACIL	ITY			
	D (/ /20 . 1	A Ma	.11-		14. 0			Balto			
	Nanuel	9. 1100	4/17		McCul	ly Fu	ıne:	ral Home	≥,13	0 E.	Fort Ave.
	23. PART I. Enter the disesses, or shock, or heart failure.	Complications that List only one caus	eaused the	desth. Do r	ot enter the mo	de of dying,	such a	as cardiac or respi	ratory srr	est,	Approximate
	IMMEDIATE CAUSE (Finsi	(Onset and Death
	disesse or condition resulting in death)	в. Ну	potens	sion	-						
		DUE TO	OR AS A CONS	SEQUENCE OF	ر لنه	· was an opposite the same					
Z	Sequentially list conditions,	b	POSI	5.	Sepsis						
Ĕ	if any, lesding to immediate	DUE TO (Selzus	SE DIS	order.						
2	CAUSE (Disesse or Injury	c <u>C</u>	F121	we	ON C	ovale	1/	1			
声	that initiated events resulting in death) LAST	OGE TO	oras vicons luturi ei	CODENCE OF	Difficul	ties					
CERTIFICATION	Tooling in doubly Day	d. N	whi	hor	Difficul	Hic	ليليد	nes			
	PART II. Other significant condition					13			ALITOREY	1 245	WEDE ALEXANDE ENIONION
MEDICAL				· · · · · · · · · · · · · · · · · · ·	the onderlying	cause given	111111111111111111111111111111111111111	PERFOR		240.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
								1 TYES 2	DE NO		COMPLETION OF CAUSE OF DEATH?
											1 TYES 2 NO
AN	OF HIM COLOR DESIGNATION OF MANAGEMENT	1									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. PL	ACE OF DEATH	(Check	only one)			
YS	t TYES 2 X NO	HOSPITAL:		3 DOA	4 - Nursing Home	5 Realden	nce 8	Other (Specify)			
H H	1 X Natural 5 Pending	28a. DATE OF I (Month, Da	NJURY (, Year)	28b. TIMI	E OF 28c. INJU	JRY AT	28	d. DEŞCRIBE HOW I	NJURY OCC	URED	
BY	1 Accident 5 Pending Investigation					ES 2 NO					
G	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF building, a	INJURY — At I	home, farm, a	treet, tactory, office		28	SI. LOCATION (Street a City or Town, State)	and Number	or Rural A	oute Number,
	4 nomicide determined										
COMPLET	290. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of r	ny knowledge,	death occurre	d at the time, data	and pleca, end	due to t	the cause(a) and man	mer an etel	ed.	7
NO.	one) 2 MEDICAL EXAMIN	ER: On the basis of ex	mination and/o	or investigation	n, in my opinion, de	ath occured at	the tim	e, data and place, an	d due to the	n cause(s)	and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE					29c. LICENSE					
BE	_	today	Ary	PM	$N \supset $,	in .	290. DATE	SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF BERSON WE	IC COMPLETED CAUSE	OF DEATH (IT	TEM 27) /Tuna	Print)	n	/a			111	19.
		gag, M.D	. C	/o M	aryland	General	1 H	ospital		1	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR						1			
	NOV 2	1991	Tune Day	ridson-A	andell						
	101 2	The state of									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 5 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	EALTH AND DEATH	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Las		3.0			2. DATE OF DEATH	MAY YEA	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	AM COLHOUER, S				11 23	2 91	5-A M
	218-07-5135	1 M 2 F 73		ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Mgnth, Djay, Year)	Co	RTHPLACE (State or Foreign untry)
	90. FACILITY NAME (If not institution, gig			b. CITY, TOWN O	R LOCATION OF I	JUNE 17,1	918 MA	RYLAND
OR	JOSEPH RICHEY H		, , , ,	BALTIN	, ,		SC. COOKITY O	PUCAIN
ECT	RESIDENCE OF DECEDENT 100. STATE 10b. COUN	rv /	40. 0000	TOWN OR LOCAT		448 87 -		
L DIRECTOR	MARYLAND 10a. STREET AND NUMBER			LTIMORE				10d. this DE City LIMITS? 1 X YES 2 NO
FUNERAL	1027 HAVERHILL H	ROAD		101.	21229			S.A.
В	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 X YES IF YES, GIVE WAR OR D	2 NO	13. WAS DECI	cify Cuben, Maxic	ANIC ORIGIN? (Specify Ye cen, Puerto Ricen, atc.)	8	ACE — American Indian, leck, White, etc.
	15. DECEDENT'S ED (Specify only highest grad	UCATION de completed!	18a. DECEDENT'S US	SUAL OCCUPATIO	N	18b. KIND OF BU	SINESS/INDUSTR	
COMPLETED	Elementary/Secondery (0-12) 6TH GRADE	College (1-4 or 5+)	MAINTE		t or working	PITTSBU	RG PLAT	E GLASS (BRUSH
SON	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S N	AME (First, Middle, Meiden		
BE	RICHARD L. CO	DLHOUER				RENCE M. GA		
10	190. INFORMANT'S NAME (Type/Print) SHARON COLHOUR	ER				BALTIMORE		
	20a. METNOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Ra 4 Donatton 5 Other (Specify)	movat from State cem	. PLACE AND DATE OF I	DISPOSITION (Ner	ne of	DATE 20c. LC	CATIOH — City or	
	21. SIGNATURE OF FUNERAL SERVICE L		EADOWRIDGE		LAL PK		KRIDGE	
	11/1	11		HUBBAH	RD FUNEF	RAL HOME IN		
	23. PART I. Enter the diseases, or	complications that course	I the death Death	4107 V	VILKENS	AVENUE, BAL	TIMORE,	MD. 21229
CERTIFICATION	Sequentially illat conditions, if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avents resulting in death) LAST	a. DUE TO (OR AS A	CONSEQUENCE OF):	lory	Zine Olon	st cmer	lest les	Approximata interval Batween Oneat and Death
SAL CE	PART II. Other significant condition	ns contributing to death b	ut not resulting in t	tha undarlying	causa given ir	Part i. 24a, WAS AN	AUTOPSY 2	4b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICA						PERFOR	IMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
₫∥	25. WAS CASE REFERRED 1 DEDICAL EXAMINER?	HOSPITAL:	0	26. PLA	CE OF DEATH (C	heck only one	11	
14S	1 YES 3 F 196	1 Inpatiant 2 ER/Outp	atient 3 DDA 4	☐ Nursing Homa		6 N. Other (Specify)	11050	1CP
ВУ Р	Ratural 5 Pending Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME O		IK?	26d. DEŞCRIBE HOW I	NJURY OCHURED	
	3 Suicide 6 Could not be 4 Homicide datermined	28e. PLACE OF IHJURY building, etc. (Speci	- At home, farm, atred	et, fectory, office		281. LOCATION (Street & City or Town, State)	and Number or Run	n! Route Number,
COMPLETED	29a. CERTIFIER (Check only one)	SICIAH: To the beet of my knowle	edge, death occurred a	t the time, date e	nd plece, and du	e to the ceuse(e) end mar	mer es stated.	
	285. SIGNATURE AND TITLE OF CENTRE	ER: On the beals of examination	and/or investigation, is		oth occured at the			
TO BE	30 HAME AND, ADDRESS OF BERSON W	l'agne,	MID		013	10/2	122	ED (Moghh, Pky, Year)
	114W.Mt.	ernon 7	all Cl	2/20	1/			'/
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HOVES 1991 Shaking April

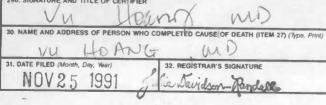
the death certificate be executed within 24 nours after death. Page 6 may be retained by the hosp by the attending physician and completely filled in by the funeral director, page 5 should be detached and Mental Agree prior to build, cremation, or removal.	IMPORTANT: IT ITEM SO IS MINERALLY OF HEM SO SHOWS AND INJURY, OF UNITED INSURANCE OVERILY, THE IMPORTANT WAS DE MOSTINED AT ONCE.
the death the attend	DINEI ILABINANC
SICIAN: The law requires that certificate has been signed by the State Dept. of Health and the state of the st	u, of item 23 shows any injury, of
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the with the State Dept. of Health and Mental Hygiere prior to burial, cremation, or removal.	IMPURIANT. II HEIII 20 IS INGEREL

1. DECEDENT'S NAME (First, Middle, Last)			ERTIF	ICAIL	- 01	DEA	IH		REG. NO.				
DODEDE		n ri		0.01				MONT			EAR	3. TIME OF DEATH	
ROBERT 4. SOCIAL SECURITY NUMBER	E.E. AGE (In yrs. Is	not histhelms	IF UNDER	LES	= 1110=		11	22		8. BIRTHPLACE (State or Foreign			
219-20-9559	5. SEX	63	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mon	OF BIRTH		Country)		
9a. FACILITY NAME (If not institution, give	street end number)	05		9b. CITY	TOWN C	R LOCAT	ION OF DE		1/192	9c. COUNT	ALT	- 1 112	
SINAI HOSPIT				MORE				3C. COON	T OF DEA	N G			
10e. STATE 10b. COUNT	10c. CIT	Y, TOWN C	R LOCAT	ION					1	IOd. INSIDE CITY			
MARYLAND				BAL	CIMO	ORE	CIT	Y				LIMITS?	
10e. STREET AND NUMBER					101	ZIP COD	E			10g. CITIZE	N OF WH	AT COUNTRY?	
2219 RIGGS AV							216				US		
1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 X	NO	1	1 yes, sp	cify Cube	of HISPAN M, Mexice Specify	n, Puerto	Y? (Specify Yee Ricen, etc.)	or No 14	Bleck, Specify.	- American Indian, White, etc. BLACK	
15. DECEDENT'S EDU	UCATION	18a, D	ECEDENT'S	USUAL O	CUPATIO	ON .	_	161	, KIND OF BUS	INESS /INDI IS	TOV	DLACK	
(Specify only highest grad Elementary/Secondary (0-12)	completed) College (1-4 or 5 +		Give kind of a le. Do NOT us	work done o	lunng mo	st of worki	ng	100	. All of BUS	LUS/INVUS	THE STATE OF THE S		
17. FATHER'S NAME (First, Middle, Last)									Middle, Maiden				
VIRGIL COLES									LEE MO				
190. INFORMANT'S NAME (Type/Print)									ber, City or Town				
VERNOLA COLES			2219	RIC	GS	AVE	NUE	B	ALTIMO	ORE,	MD	21216	
20a. METHOD OF DISPOSITION 1 Nourial 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Complete Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Complete Specify) 20c. LOCATION — City or Town, State BALTIMORE, MARYLAND													
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												
LEROY O. DYETT & SON FUNERAL HOME 4600 LIBERTY HEIGHTS AVENUE 21207 23. PART I. Enter the diseases, or complications that caused tha death. Do not anter tha mode of dying, such as cardiac or respiratory arrest, Approximate													
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avents resulting in death) LAST	b	OR AS A CONSE	EQUENCE OF	7):	0	2		254				Onset and Daath	
	d.	death but not	rasulting i	n the un	darlying	cause	given in i	Part I.	PERFOR	WED?	A	PERE AUTOPSY FINDINGS VAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?	
PART II. Other significant condition									1 YES 2			YES 2 NO	
PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	UQSD/S					ACE OF D	EATH (Che	ck anly or					
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 XYES 2 NO	HOSPITAL:	ER/Outpatient (3 🗆 DOA	OTHER	:		EATH (Che		0)				
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 XYES 2 NO 27. MANNER OF DEATH	1 Inpatient 2XI 28e. DATE OF (Month, Da	NJURY y, Year)	28b. TIM	4 🗆 Nurs	:	5 Re		8 🗆 Othe	0)		1		
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25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicida 8 Could not be determined 29e. CERTIFIER (Check only)	28e. DATE OF (Month, Da 1 1 / 2 2 28e. PLACE OF	NJURY (, 1997) / 1991 INJURY — At hi ric. (Specify) R	28b. TIMI INJ 3:0 ome, 1erm, a	4 □ Nurs E OF URY O p'n treet, fector L S'	ing Home 28c. INJU WOI 1 X Y Pry, office TORI	S Repair	NO NO	S U 281. Loc City B A	o) F (Specify) CRIBE HOW IN B J E C T ATION (Specify) TOWN, State) L T I MO ISSE(e) end manuage	SHOT SUMBERE M	ED T ARY	YES 2 NO EMPTOWN R LAND	
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25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicida 6 Could not be determined 29. CERTIFIER (Check only 2) 21. MEDICAL EXAMINE	28e. PLACE OF building, c	NJURY (, 1997) / 1991 INJURY — At hi ric. (Specify) R	28b. TIMI INJ 3:0 ome, 1erm, a	4 □ Nurs E OF URY O p'n treet, fector L S'	ing Home 28c. INJU WOI 1 X Y Pry, office TORI	5 Repart AT AK? ES 2 Per At A A A A A A A A A A A A A A A A A A	NO N	S U 281. LOC City BA to the cau	o) F (Specify) CRIBE HOW IN B J E C T ATION (Specify) TOWN, State) L T I MO ISSE(e) end manuage	SHOT SHOT SHOT SHOT SHOT SHOT SHOT SHOT	ED T ARY	YES 2 NO TOWN TOWN R LAND Indianner ee stated.	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicida 6 Could not be determined 29. CERTIFIER (Check only 2) 21. MEDICAL EXAMINE	28e. DATE OF (Month, De 1 1 / 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	NJURY (, Year) 1991 INJURY — At hate. (Specify) R R Thy knowledge, did imination and/or	28b. TIMI INJ 3: 0 ome, term, a ETAI anth occurre investigatio	4 □ Nurse OF URY O pm Intreet, fector L S'. det the tinn, in my open of the state	ing Home 28c, INJL WOI 1 X Y Pry, office FOR I	5 Representation of the second place, and place, and place, and place.	NO N	S U 28d. DES S U 28d. LOCC City B A to the cau	o) F (Specify) CRIBE HOW IN B J E C T ATION (Specify) TOWN, State) L T I MO ISSE(e) end manuage	SHOTO SHOTO RE RE , More se stated.	ED TO THE ARY	YES 2 NO EMPTOWN R LAND Ind manner ee stated. Fonth, Day, Year)	

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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR	STATE OF	MADVI AND	/ DEDAY	YHEE	T 05 1	15.17.4			91	Col Store	087	2
	1 - STATE REGISTRAR	STATE OF	MARYLAND C	/ DEPAI ERTIF	ICAT	E OF	DEAT	AND	MENTAL	HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Las	nt)					DEAI		2. DATE C			T	3. TIME OF DEATH
	MARY C.		CROCI	KETT					MONTH	20		YEAR 991	7700
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is	ast birthday)	IF UND	ER 1 YEAR	IF UNDER 2	24 HRS.	7. DATE O		1		PLACE (State or Foreign
	215-03-1101	1 M X X F	77	YRS.	MONTHS	7	HOURS	MIN.	(Month,	Day, Year)		Country)
	9a. FACILITY NAME (If not institution, give	e street and number)			96 CI	V TOWN	OR LOCATIO	N OF DE	1 7	-1914			yland
E E	UNION MEMORIAL						ORE C				9c. COU	ITY OF DE	АТН
DIRECTOR	RESIDENCE OF DECEDENT	HODITIAL			DF	TTTTM	ORE C	T.T.X					
H.	10a. STATE 10b. COU	YTY		10c. CIT		OR LOCAT							10d. INSIDE CITY
	Maryland				Ba.	Ltimo	ore Ci	ity					LIMITS?
A	10e. STREET AND NUMBER					101	. ZIP CODE				10g. CITI		HAT COUNTRY?
E	4612 Asbury Av	enue					2]	1206	5			USA	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. A	RMED	13	. WAS DEC	ENDENT OF	HISPAN	NIC ORIGIN?	(Specify Yas	or No	14 PACE	American Indian
	1 Never Merried 2 Married	FORCES? 1	YES 2	No		it yea, sp	ecify Cuban, 2 V NO	, Maxica	in, Puarto Ric	cen, atc.)	OI NO.		- American Indian, While, atc.
ВУ	3 Widowed 4 Divorced					1 123	2 00 110	Specify	у			Specify	White
COMPLETED	15. DECEDENT'S E (Specify only highest gra	DUCATION of Completed	18e, D	ECEDENT'S	USUAL	OCCUPATIO	ON		16b, 1	GND OF BUS	INESS/IND	USTRY	
ū	Elementary/Secondary (0-12)	College (1-4 or 5	- 66	e. Do NOT u	work done se retired.	during mo	st of working						
AP.	12th grade		S	eamst	res	5			1	LG Un	ion		
Ö	17. FATHER'S NAME (First, Middle, Last)						18. MOTHE	ER'S NA		ddle, Maiden			
ш	Gilbert Crocket	t					C)	ות פנ	otte	C. Sh	ลพ		
8	19a. INFORMANT'S NAME (Type/Print)		19	9b. MAILING	ADDRES	S (Street a				r. City or Town		Codel	
2	Thomas H. Clar	ik-								e. Ma			21236
	-20a METHOD OF DISPOSITION		20h PLACE	ANDDATE				Dail			-		-
	T Buriel 2 Cremetion 3 Re	moval from State	complete co	ematory or o	that plane	.1		7		20c. LOC			Maryland
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE (Боии	on ra			D ADDRESS			AT Ba	Ttime	ore,	Maryland
	P 117	exerce))./			Las	sahn	Fun	ieral	Home			
11100						740	l Bel	lair	Rd.	Balto	. M	d. 21	236
	23. PART I. Entar the diagasas, p shock, or heart fallur	r complications the	t caused the d	aath. Do i	not ente	r tha mo	de of dyin	g, aucl	h as cardia	c or reaple	atory arre	est,	Approximata
	IMMEDIATE CAUSE (Final	a. List Drily Ona Cau	ise on each lin	a.									Intarval Between Onsat and Death
	disease or condition reaulting in death)	Re.	(DR AS A CONSE	21/11	10		Col	200	c				Onsat and Death
	reauting in death)	DUE TO	(DR AS A CONSE	DUENCE D	F):		Sell	> L					
z		- 00118	Marce 1	000	S	Fe.	2	C	,				
9	Sequantially list conditiona, if any, leading to immediate	U	(OR AS A CONSE	- Annual Control	-	1 -00	on	>					
ERTIFICATION	cause. Entar UNDERLYING	C.											
Ē	CAUSE (Disesse or injury that initiated avants		(OR AS A CONSE	OUENCE OF	F):								ļ
F.	resulting in death) LAST	4											
2													+
AL	PART II. Other significant condition	ons contributing to	death but not	rasuiting l	in the u	ndariying	csuse gl	ven in	Part I. 2	4a. WAS AN /			VERE AUTOPSY FINDINGS
MEDICA										YES 2		(WAILABLE PRIOR TO COMPLETION OF CAUSE
M													F DEATH?
													1 1E3 2 1 NO
IAI	25. WAS CASE REFERRED TO MEDICAL	1				26. PL	ACE OF OEA	ATH (Che	ack only one)				
SIC	EXAMINER?	HOSPITAL:	ER/Outpatiant 3	3 🗆 004	OTHE	R:							
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF	INJURY	28b. TIM		28c. INJU		gence	6 Other (Specify)	ILIBY OCC	IDED	
	1 Natural 5 Pending	(Month, D	ay, Year)		URY	WOI	RK?	NO	add. DESCI	AIDE HOW IN	JUNY OCC	UNEU	
ВУ	2 Accident Investigation 3 Suicide & Could not be	28a PLACE O	F INJURY — AI ho	Ome form o	drant for			NO					
	4 Homicide 6 Could not b	building,	etc. (Specify)	onne, conne, a	nrout, tet	tory, office			City or	ION (Street ar Town, Steta)	nd Number (or Runal Rou	ute Number,
E I	29e. CERTIFIER												
AP	(Check only	SICIAN: To the best of											
COMPLETED	2 MEDICAL EXAMI	IER: On the beels of a	samination and/or	Investigatio	n, In my	opinion, de	eath occured	at the t	time, date ar	nd place, and	due to the	cause(a)	end manner ea stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFI	ER /	_				29c. LICEN	SE NUM	IBER		29d. DATE	SIGNED (A	Month, Day, Year)
00	Vu II	Dung	MID)					MEM	DRIM	D 11	20/	a)
2	30. NAME AND ADDRESS OF PERSON W	HO COMBI ETED CAUS	E OF DE STIL COM				01016		010	0.00	11	001	VI

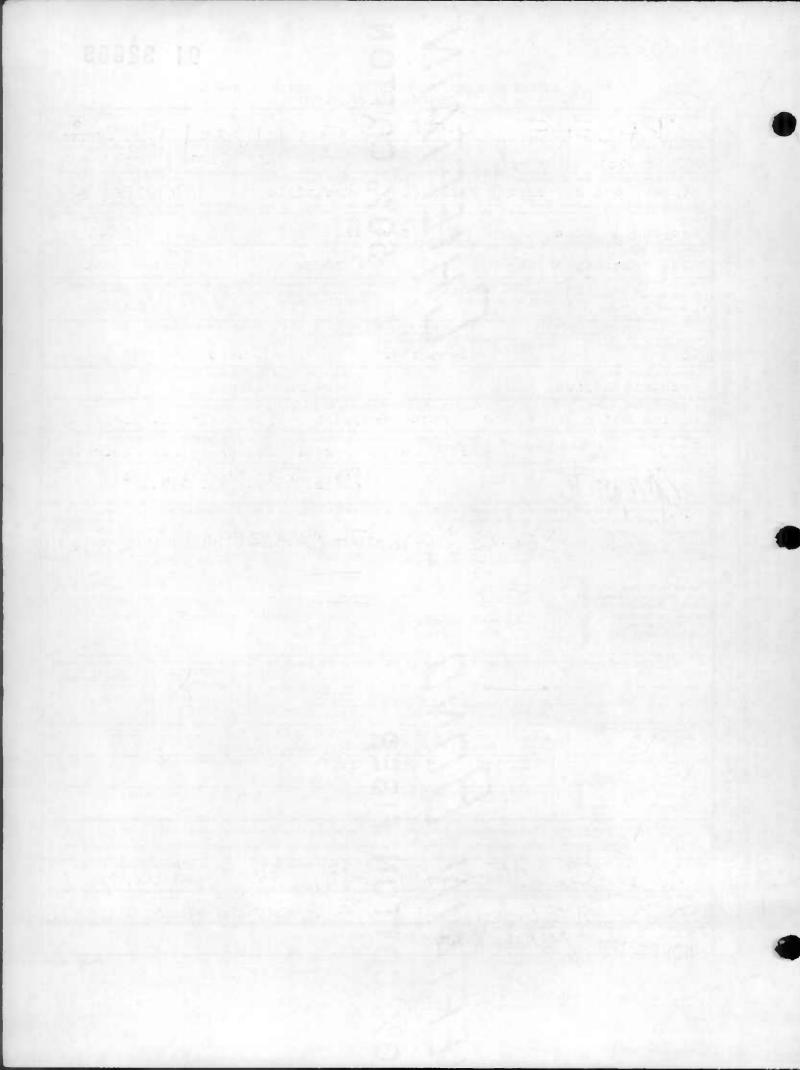


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THE HOSPITAL OR ATTENDIAGE PHYSICIAN: The law requires that the death certificate be executed within for any and the format of the hospital or attending physician.

TOWER ENVERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be filled with the State Debt. of Health and Mental Hygiene prior to burlal, cremation, or removal. TO BE COMPLETED BY FUNERAL DIRECTOR BALTIMORE, MARYLAND 21203-3146 IMPORTANT; If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR	TATE OF MARYLA	AND / DEPARTM CERTIFICA			ITAL HYGIEN	E			
1. DECEDENT'S NAME (First, Middle, Last)	E (CABE	=55		DATE OF DEATH	DAY 9 YEAR 3. TIME OF DEATH			
01 0022	M 2 X X 95	YRS. MON		DAYS HOURS MIN. JULY 6,1896 MOrocco					
9e. FACILITY NAME (if not institution, give street a Hebrew Home of				ockville		9c. COUNTY OF	TGOMERY		
10a. STATE 10b. COUNTY	gomery		CKVil				10d. INSIDE CITY LIMITS? TEL YES 2 NO		
10e. STREET AND NUMBER 6121 Montrose Ro	d.,		10f	20852			ed States		
1 Naver Married 2 Married	WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X No	If yea, spe	ENDENT OF HISPANIC O celfy Cuban, Maxican, Pu 2018/NO Specify:		В	ACE — American Indian, lack, White, etc. ICasian		
15. DECEDENT'S EDUCATION (Specify only highest grade composition of the composition of th	ON Dieted) Hiege (1-4 or 5+)	18a. DECEDENT'S USU (Give kind of work of life. Do NOT use reto Homemake	done during mo- ired.)	N st of working	Home	SINESS/INDUSTR			
17. FATHER'S NAME (First, Middle, Lest) Nathtaly Afriat				18. MOTHER'S NAME (F		Sumame)			
19m. INFORMANT'S NAME (Type/Print) Denise Deigh		196. MAILING ADD		nd Number or Rural Route tal Al	Number, City or Tow exandri		22311		
20e. METHOD OF DISPOSITION 1 [X] Burlel 2 Cremetton 3 Removal 4 Donation 5 Other (Specify)	from State K	place of Disposition of the place) in g Davi	d Mem	orial Ga	rdens	Falls	Church, Va.		
GATTO	£		I Ye	S-Pearso Ils Chur	h Funer ch, Va.	al ₂₂₀₄₆	pes		
23. PARTA Enter the diseases, or composition with the composition resulting in deeth)	SENILE	ich line.	\	de of dying, euch ee		1	Approximate Interval Between Onset and Daeth		
Sequentielly liet conditione, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		CONSEQUENCE OF):							
PART II. Other significent conditions co	ntributing to death be	ut not resulting in th	e underlylni	g ceuse given in Pert	24a. WAS AN PERFO!	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? † YES 2 NO		
	OSPITAL:		HER:	ACE OF DEATH (Check o					
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	M 1 🗆 '	PRK? /ES 2 NO	I. DESCRIBE HOW I				
3 Suicide 8 Could not be determined	28a. PLACE OF INJURY building, atc. (Spec	— At nome, term, atree	r, ractory, ome	281	. LOCATION (Street and City or Town, State)		ral Houte Number,		
one)	To the best of my knowled the basis of examination						se(a) and manner as stated.		
29b. SIGNATORI AND TITLE OF CENTIFIER	in Atten	ding Phys	cian	29c. LICENSE NUMBER 1) 1808	Y	≥///2	NED (Month, Day, Year)		
30. NAME AND ADDRESS OF PERSON WHO CO	EL-M.D	6121 M	"ON TH	205E RO	Rock	VILLE	M020852		
NOV 25 1991 Jul	is Davidson-R								



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ai examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
oval.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
the funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache
ter death. Page 6 may be retained by the hosp	TO THE HISPIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within A Jury after death. Page 6 may be retained by the host
BALLIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 13148,

31. DATE FILED (Month, Day, Year) NOV 2 5 1991

1932 REGISTRAR'S SIGNATURE UNION DAY OSON MANDALE

Way	MARY	O'Ca	elos	rlias	v			2. DATE OF 0	EATH DAY	. 5	7/	8:35 PM	
220-42-3		E SEX	s. AGE ING	inst birthday) YRS.	F UNDER 1 TE MONTHS DA	VANCOUS CONTRACTOR	ER 24 HRS.	FEBRUA	c West's	,189	Course	PLACE (State or Foreign log) LRGINIA	
9a. FACILITY NAME (If not	Institution, give s	treet and number)			BE. CITY, TO	WN OR LOCA	TION OF D	EATH		96. COUNTY OF DEATH			
MARYLAND M		JRSING HO	ME		GLEN	BURNI	E			ANNE	ARI	UNDEL	
RESIDENCE OF DE	10b. COUNT	Y	_	10c. CITY	, TOWN OR L	OCATION	ION					10d, INSIDE CITY	
MARYLAND	ANNE	ARUNDEL			N BURNIE							1 YES ZY NO	
10e. STREET AND NUMBER		DOAD				101. ZIP CO						WHAT COUNTRY?	
7575 EAST	HOWARD					21060						ED STATES	
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES							ban, Maxic	NIC ORIGIN? (Sp an, Puerto Rican ly:		or No	Spec	E — American Indian, ik, Whita, etc. iffy: AUCASIAN	
	CEDENT'S EDU		18a	. DECEDENT'S	USUAL OCCU	PATION a most of wor	kina	16b, KIN	D OF BUS	INESS/INE	DUSTRY		
Elementary/Secondary	1	College (1-4 or 5 +)	(Give kind of w life. Do NOT us	e retired.)	g most or wo	rung						
8			BIL	L SORT	ER			U.S	G. GC	VT.			
17. FATHER'S NAME (First,						18. MC	THER'S N	AME (First, Middle	e, Maiden S	Sumame)			
RICHARD A								E B. TI					
19a, INFORMANT'S NAME	, ,			19b. MAILING	AODRESS (St	reet and Numb	ber or Rural	Route Number, C	ity or Town	, State, Zip	Code)		
MARTIN K		LLAGHAN						WATER,					
20a. METHOD OF OISPOSI 1 Xeurial 2 Cremat 4 Oonation 5 Other	ion 3 Rem or (Specify) _	11/	othe	RLINGT	ON NAT		CEM					own, Stata VIRIGNIA	
Dord	lon	Leha	u		MUH	RPHY F	UNER	AL HOME	-		. V	IRIGNIA 222	
23. PART I. Enter the shock, or IMMEDIATE CAUSE (F disease or condition resulting in death)	heert fellure.	a. A GUE TO			A	2		ART	F	AIL	UF	Approximate Interval Between Onset and Deat	
Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA	ediate YING jury	c. PATO OUE TO	OR AS A COP COP AS A COP COP AS A COP	NSEQUENCE OF NSEQUENCE OF NSEQUENCE OF	INS	or of	12	EASE -LP.	10- 2	- V/	Dis	EASE	
PART II. Other algorific	ALE VAL	DEA	ME NAN	ot resulting i	ACE	MA	RE UL		PERFOR	MEO?	24	b. WERE AUTOPSY FINDING AVAILABLE PRIDR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO	
PERMA	J.C.C.	1513	- :	100		O DI ACE OF	DEATH (C	hand when shoot					
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:			OCAER:			heck only one)					
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH		HOSPITAL: 1 Inpatient 2 28a. DATE OF (Month, D	INJURY	28b, TIM	OTAER: 4 Nursing E OF 28 URY	Home 5 : INJURY AT WORK?	Residence	8 Other (Sp		NJURY OC	CUREO		
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5 Accident	To MEDICAL Pending investigation Could not be determined	28a. DATE OF (Month, D	INJURY lay, Year)	28b, TIM	Nursing E OF 28	Home 5 INJURY AT WORK? YES 2		8 Other (Sp. 28d. DE\$CRIII	BE HOW IP			Route Number,	
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 2 Accident 3 Sulcide 4 Homicide 29e. CERTIFIER (Check only	Pending Investigation Could not be determined	28a. DATE OF (Month, E 28a. PLACE Of building,	INJURY ay, Year) F INJURY — A etc. (Specify) my knowledge	28b. TIM INJ	M 1 At the time	Home 5 INJURY AT WORK? YES 2 offica	Rasidence	8 Other (Sp. 28d. DESCRIII 28d. DESCRIII 28d. LOCATIO City or Te	DN (Street a own, State)	and Numbe	r or Rurel	Route Number,	

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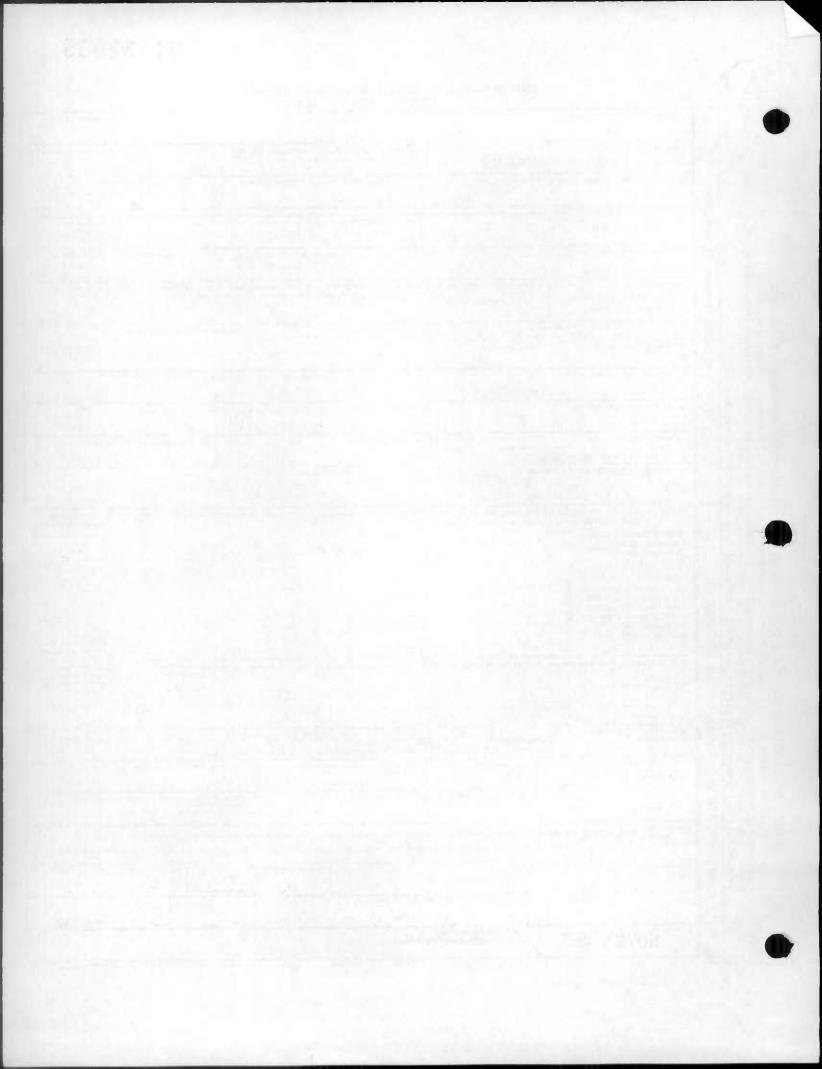
IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	HEGISTHAN			HILL	CALE	OF	DEATH		REG. N	D.		
	1. OECEDENT'S NAME (First, Middle, Last)							2. OAT	OF OEATH	DAY	YEAR	3. TIME OF OEATH
	Lucille Crav		arper		dle			1000		17.19		4:00 A M
	4. SOCIAL SECURITY NUMBER		. AGE (In yrs. last	birthday)	IF UNDER 1	YEAR DAYS	IF UNDER 24 HRS.	7. OATE	OF BIRTH	,		HPLACE (State or Foreign
	234-64-6805	1 M 2 KF	83	YRS.	MUNTHS	DAYS	HOURS MIN.	3/	14/08			anta, Ga
	9e. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY, TOWN OR LOCATION OF DEATH					_	NTY OF I	
OR	DOCTORS COMMUNIT	_		LANH	IAM				PRIN	RINCE GEORGE'S		
2	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY											
DIRECTOR	Md	G		10c. CITY, TOWN OR LOCATION Mitchellville							10d. INSIDE CITY LIMITS?	
-	10e. STREET AND NUMBER									_		1 X YES 2 NO
RA	1420 Albert Dri					10f.	ZIP COOE			10g. CITI	IZEN OF	WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS						20721				USA	
	1 Never Married 2 Married	12. WAS DECEDENT E FORCES? 1	YES 2 X NO		13. W	AS DECI yea, spe	ENDENT OF HISP ecify Cuben, Mexi	ANIC ORIGI cen, Puerto	N? (Specify Y. Rican, etc.)	as or No	14. RAC Blac	E — American Indian, k, White, atc.
ВУ	3 X Widowed 4 Divorced	IF YES, GIVE WAR	OR OATES				2 X NO Spec				Spe	Mack
	15. DECEDENT'S EDUC	ATION	18e, OEC	EDENT'S	USUAL OCC	CUPATIO	iN .	160	. KINO OF B	ISINESS INF	MOTOV	
	(Specify only highest grade (Elementery/Secondary (0-12)	College (1-4 or 5 +)	(Giv	e kind of w Do NOT us	ork done du	ning mos	st of working	100	. KINO OF B	JSINESS/INL	JUSTRY	
P		4 Yrs	Т	each	er			50 0				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			Cacin		1	18. MOTHER'S N	AME /First	Middle Maide	- Cumamal		
	Louis Julian Har	rper Sr						y Wea		r somame)		
BE	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS	(Street or	nd Number or Rurs			um Otata Zin	Code	
2	Dr Elliece Smith						0a,b,c,			wii, State, Zip	0 0000)	
	20. METHOD OF DISPOSITION		20b. PLACE AP	NDATEO	F DISPOSIT	ION (Mar	me of	DAT	E 200 L	OCATION —	City on To	Charles Charles
	1 X Buriel 2 Cremetion 3 Remo	val from State	ROSE La	atory or off	er place)	ial	Carden	11/	23/01	D1	Ed a 1	d West, Va.
	21. SIGNATURE OF FUNERAL SERVICE LICI	ENSEE <	7/		22. N	AME AN	D AOORESS OF I	ACILITY				
9)	6	- V					Joh	n T R	hines	Co.	, Inc.
	Juan	omic				30:	15 12th	St N	E, DC	2001	7	
	23. PART I. Enter the diseases, or construction of the constructio	acuti	on aach line.	ray	The state of the s	e Alex	Seally)	cn aa car	diac or resp	piratory arr	rest,	Approximata Interval Between Onset and Death
CERTIFICATION	Sequenticity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseeas or Injury that initiated avants resulting in death) LAST b. OP O OUE TO (OR AS A CONSEQUENCE OF): C. OUE TO (OR AS A CONSEQUENCE OF):									years)		
MEDICAL	PART II. Other algnificant conditions	contributing to de	eth but not re	suiting in	tha und	erlying	causa given i	Part i.	24a. WAS AI PERFO 1 YES	RMEO?	24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PL/	ACE OF DEATH (C	heck only or	10)			
Š	Andrea a Court	HOSPITAL:	R/Outpetient 3		OTHER: 4 Nursin	ng Home	5 Realdence	8 🗆 Othe	r (Specify)			
PHYSICIAN:	27. MANNER OF OEATH	28a. DATE OF IN.		28b. TIME	OF 2	Bc. INJU	JRY AT	1	CRIBE HOW	INJURY OCC	UREO	
BY	1 Natural 5 Pending 2 Accident investigation	(moralli, bay,	, out	mad	M	WOR						
	3 Suicide 8 Could not be determined	IJURY — At hom (Specify)	e, ferm, at	reet, fector	y, office		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				Route Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	IAN: To the best of my	knowledge, dest	h occurred	i at the tim	e, date e	and pleca, and du	e time, data	use(a) end ma	nner as atat	ed. e ceuse(s	i) end manner as stated,
w II	29b. SIGNATURE AND TITLE OF CERTIFIER	0 31	0111				29c. LICENSE NU	MBER		29d. DATE	E SIGNEO	(Mostin, Day, Year)
	(durande	Wilson	741)			0	19:	כני	•	11	1/17/91
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF OEATH (ITEM	27) (1/20.	Print) D	9.	2	7.10	1.0	911	1/	107.20
	31. DATE FILED (Month, Day, Year) 991	32. REGISTHAN'S	SIGNATURE SON-Mand	000,0	THE WAR	1	free	NCIA	40	114	3	2700



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

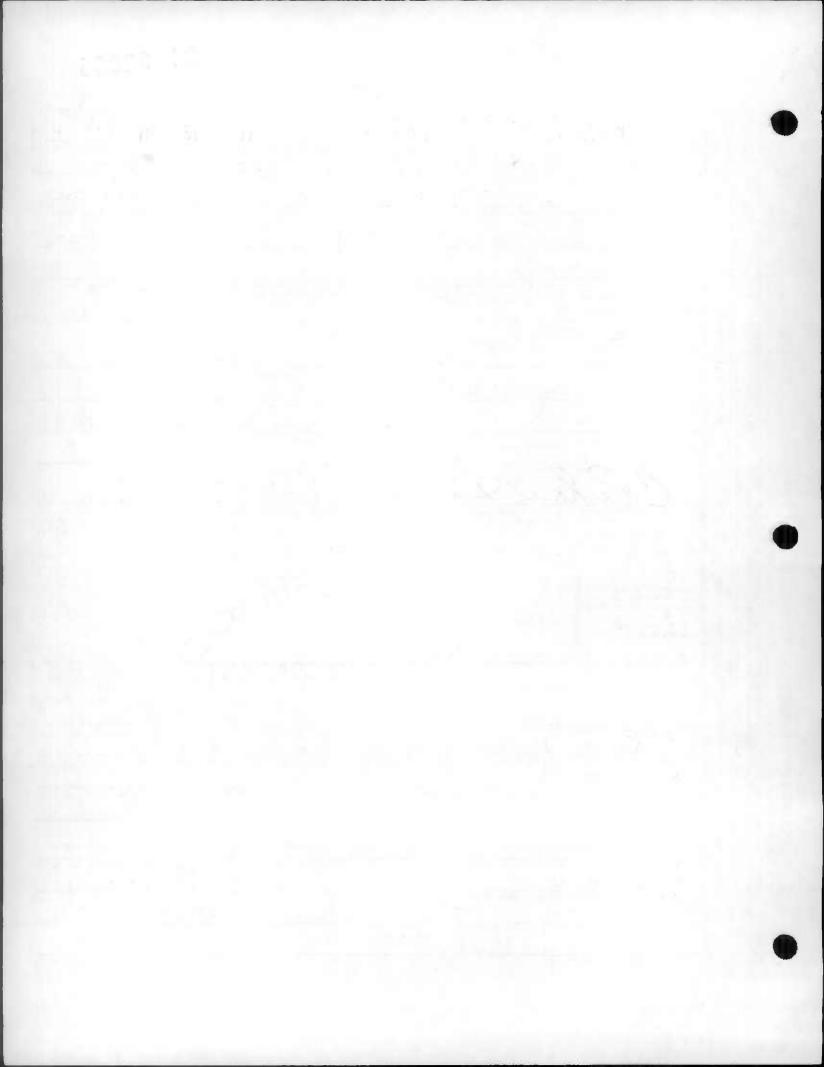
er death. Page 6 may be retained by the hosp	he funeral director, page 5 should be detached ral.	examiner must be notified at once.
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.7 mours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached he first within 72 hours after death with the State Debt. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHY	TO THE FUNERAL DIRECTOR; After this he filed within 72 hours after death with	IMPORTANT: If item 28 is market

	1 - STATE REGISTRAR	CE	RTIFICAT	E OF DEATH	MENTAL HYGIEN					
	KATHERINE		DWAEL			8 9				
	4. SOCIAL SECURITY NUMBER 5. SEX 1 M	0.1	YRS. MONTHS		7. DATE OF BIRTH (Month, Day, Year) 3/25/190"	7	RTHPLACE (State or Foreign punity) New Jersey			
FOR	96. FACILITY NAME (If not institution, give street end not Baltimore County G			ry, town or Location of Di ndallstown	EATH	timore County				
DIRECTOR	100. STATE 10b. COUNTY Maryland Anne Ar	undel	10c. CITY, TOWN		10d. INSIDE CITY LIMITS? 1 YES 2 NO					
FUNERAL	100. STREET AND NUMBER 608 Delaware Avenue			101. ZIP CODE 21061		10g. CITIZEN	OF WHAT COUNTRY?			
BY	1 Never Merried 2 Merried FORG	DECEDENT EVER IN U.S. AR DES? 1 TYES 2 TO S, GIVE WAR OR DATES	MED 13	WAS DECENDENT OF HISPAI If yes, specify Cuben, Mexico 1 ☐ YES 2 ☑ NO Specif	n, Puerto Ricen, atc.)		RACE — American Indian, Black, White, etc. Specify: White			
ETED	15. DECEDENT'S EDUCATION (Specify anly highest grade completed) Elementary/Secondery (0-12) College 12th Grade	(Gi	CEDENT'S USUAL of the kind of work done Do NOT use retired.	during most of working	186. KIND OF BUS					
E COMPL	17. FATHER'S NAME (First, Middle, Lest) Charl				ME (First, Middle, Maiden		Service.			
TO BE	19e. INFORMANT'S NAME (Type/Print)	191		SS (Street and Number or Rural						
-	Arthur Jenkins	205 81 405		Fense Highway		S, Mar				
	1 Burlel 2 Cremetion 3 Removal from	State other pic	Hill Ce		- 171		Maryland			
	23. PART I. Enter the disease, pr complications, price that the disease of the complete shock, price that the complete shock or been failure. List only		eath. Do not ente	n. NAME AND ADDRESS OF FA GEORGE J. GOY 4001 Ritchie of the mode of dying, suc	nce Funeral Hwy. Balti	more,	Md. 21225			
	immediate Cause (Final disease or condition resulting in death) Due to (or as a consequence of):									
NOI	Sequentially list conditione, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A CONSER DUE TO (OR AS A CONSER MERO SILE	DUENCE OF):	ART EXIL HEART 1	-UNE JUE DIE					
TIFICAT	that initiated events	DUE TO (OR AS A CONSE	OUENCE OF):							
_	Critical (Critical St. III) arry	DUE TO (OR AS A CONSE	OUENCE OF):		Part I. 24a. WAS AN PERFOI	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
_	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	OUENCE OF):		Part I. 24a. WAS AN	RMED?				
_	that initiated events resulting in death) LAST DART II. Other eignificant conditions contributed to the conditions conditions contributed to the conditions	DUE TO (OR AS A CONSECUTIVE TO	ouence or): resulting in the o	underlying ceuse given in	Part I. 24a. WAS AN PERFOR	RMED?	AVAILABLE PRIOR TO CDMPLETION OF CAUSE OF DEATH?			
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ED BY PHYSICIAN: MEDICAL	that initiated events resulting in death) LAST DART II. Other eignificant conditions contrib 25. WAS CASE REFERRED TO MEDICAL EXAMINER 1 YES NO 1 Inip 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 286	DUE TO (OR AS A CONSECUTION OF THE PROPERTY OF	resulting in the to DOA OTHING IN JURY M	28. PLACE OF DEATH (C) ER: unaling Home 5 Reeldance 28c. INJURY AT WORK? 1 YES 2 NO	Part I. 24a. WAS AN PERFOR 1 TYES 2	NJURY OCCURE	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
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FOR STATE REGISTRAR

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	and the second of the second o
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1 OF V	ALTO COLORS
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1. DECEOENT'S NAME (First, Middle, Last) 2. OATE OF OEATH 3. TIME OF DEATH 8.30 M Adam Dietrich Samuel. 11 4. SOCIAL SECURITY NUMBER 8. BIRTHPLACE (State or Foreign Country) 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 04102 217-10:265 M 2 F Maryland Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH HOSPITAL CENTER HARBOR BALTIMORE CITY BALTIMORE DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c CITY TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 YES 2 NO burial-transit permit. 10a, STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 101 ZIP COOF 3804 Brooklyn Avenue 21225 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yaa or No—
If yes, specify Cuban, Maxicen, Puarto Rican, atc.)
1 ☐ YES 2 ☑ NO Specify: 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1∑ YES 2 □ NO IF YES, GIVE WAR OR OATES 11 MARITAL STATUS 14. RACE — American Indien, Black, White, atc. 1 Never Married 2 X Married Specify: BY 3 Widowed 4 Divorced use as the World War II White COMPLETED 16a. OECEOENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) be detached for Technician C & P Telephone 17. FATHER'S NAME (First Middle Last) 1a. MOTHER'S NAME (First, Middle, Maiden Surname) at Samuel Adam Dietrich Lola Bowers BE ysician and completely filled in by the funeral director, page 5 should prior to burlal, cremation, or removal. notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 3804 Brooklyn Avenue Marie Dietrich Baltimore, Maryland 21225 be 20s. METHOD OF DISPOSITION

1 Burlet 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE ANO OATE OF DISPOSITION (Name DATE 20c. LOCATION - City or Town, State must Metro Crematory, Inc. 11/23 Baltimore, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A. rameroushe 4001 Ritchie Hwy. Baltimore, Md. 21225 medical 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such se cerdiac or respiratory arrest, shock, or heert failure/List only one cause on each line. **Approximate** Interval Between Onset and Death IMMEDIATE CAUSE (Final the diseese or condition resulting in deeth) MADE event. 8 traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING oding physician CAUSE (Disease or injury other signed by the attending phy Health and Mental Hygiene **OUE TO (OR AS A CONSEQUENCE OF):** that initiated events reaulting in death) LAST 0 Injury. PART II. Other eignificent conditions contributing to deeth but not reculting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL WALL ARLE PRIOR TO COMPLETION OF CAUSE OF DEATH? shows any 1 TYES 2 THO 1 YES 2 -NO t, of } certificate has been the State Dept. of PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) Item OTHER: 1 YES 2 NO 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA ng Home 5 Residence 8 Other (Specify) the or 27. MANNER OF DEATH 28a. DATE OF INJURY 28d, DESCRIBE HOW INJURY OCCURED 28b. TIME OF 28c. INJURY AT WORK? marked. with this Day, Year) NIA 1 Natural 5 Pending 1 YES 2 NO BY After death 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28 Is FUNERAL DIRECTOR: A within 72 hours after de a Could not be ED 4 Homicide determined N COMPLET 29a. CERTIFIER t CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. TO THE HOSPITA
TO THE FUNERAL
De filed within 72
IMPORTANT: II 2 [MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, data and placa, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. OATE SIGNEO (Month. Day, Year) BE 9,1 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) BURE S. HANOUER LTIMORE MD 21230 AFROZE MUNEER. 3001 31. OATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Jedia Davidner

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HEGISTHAN									REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH			ATH		
	Donhause	er	26					11	2		YEAR 1991	9.	271
4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. la	st birthday)		R 1 YEAR	IF UNDER		7. DATE O			a. BIRTH	IPLACE (State or	
212-10-25 37	7 1 XM 2 F	73	YRS.	MONTHS	DAYS	HOURS	MIN.	09	Day, Year)	118	Count	arvland	
9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOWN OR LOCATION OF DE									
Sinai Hosp	ital			Baltimore			9		Baltimore City				
RESIDENCE OF DECEDENT 10a. STATE 10b. COUN								Baltimore City					
100.0001		TY, TOWN								10d. INSIDE CIT	Y		
Maryland Baltimore					Randallstown						J-1	1 YES 2	9 NO
10e. STREET AND NUMBER	10f, ZIP CODE					10g. CITIZER			IZEN OF V	WHAT COUNTRY?			
9727 Eustice R	oad					2	21133	3			U.S.	Α.	
11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT FORCES? 1	EVER IN U.S. AF	RMED	13.	WAS DEC	ENDENT C	F HISPAN	IIC ORIGIN?	(Specify Yea	or No-	14. RACI	E — American In-	llan,
3 Widowed 4 Divorced	IF YES, GIVE WA				1 TYES	2 🔀 NO	Specify	n, Puerto Hi	cen, atc.)		Speci	ify:	
15. DECEDENT'S EDI (Specify only highest grad	UCATION	16a, DE	ECEDENT'S	S USUAL O	CCUPATIO	ON et of umekin		16b. I	KIND OF BUS	SINESS/IN		hite	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Me	Do NOT u	se retired.)	ourny mo	St OF WORKIN	ny .						
	4 Years	3	Accountant					CI	EBO				
17. FATHER'S NAME (First, Middle, Last)					7	18, MOTH	HER'S NA	ME (First, Mi	ddle, Malden	Sumame)			
John D	onhauser						He1	en	E. La	ambdi	in		
19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	G ADDRESS	S (Street a	nd Number	or Rural F	Route Numbe	r, City or Town				
Mrs. Mary P. Don	hauser								lstowr			133	
20a. METHOD OF DISPOSITION		20b. PLACE	ANDDATE	OF DISPOS	SITION (Na	me of	210	DATE					
1 Buriel 2 Cremetion 3 Rer 4 Donetion (Specify)	n tombmen t	Loudoi	n Par	K Ma	uso1	eum		1	DATE 20c. LOCATION — City or Town, State 11/25 Balto. MD				
21. SIGNATURE OF FUNERAL SERVICE D						_	SS OF FAC						
1 1 1 1				II.O	rinc	Bye	rs F	unera	al Dir	cecto	re	Inc	
10777	400			120	1 1112	, ,			T DII	CCCC	,,,	TIIC.	
26. PART I. Enter the diseases, or shock, or heart failure. iMMEDIATE CAUSE (Finsi disease or condition resulting in death)	. List only one caus	e on esch line). A	not sater	the mo	1ber	ty R	oad F	Randa]	llsto	own,	MD 211 Approxir intsrvsi	nsts Bstw
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FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMENT CERTIFICATE		MENTAL HYGIEN REG. NO.	E				
1. DECEDENT'S NAME (First, Middle, James Alo	y,sous Drury			2. DATE OF DEATH ON NOVEMber		3. TIME OF DEATH			
4. SOCIAL SECURITY NUMBER 216-20-5135 9a. FACILITY NAME (If not institution	5. SEX 8. AGE	(In yrs. last birthday) IF UNDER 1 YRS. MONTHS I	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) May 27,		HPLACE (State or Foreign try)			
	lospital		vson		Baltimore Co.				
	OUNTY	10c. CITY, TOWN OR		10d. INSIDE CITY LIMITS? 1 X YES 2 \(\text{NO} \) NO					
	orkwood Road		10f. ZIP CODE	10		WHAT COUNTRY?			
10e. STREET AND NUMBER 6002 A YO 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I	2 NO If	Z 1 Z 3 AS DECENOENT OF HISPAN yea, apecity Cuban, Maxica YES 2 NO Specifi	NIC ORIGIN? (Specify Yea in, Puarto Rican, atc.)	Spe	E — American Indian, ck, White, atc. city:			
15. DECEDENT (Specify only highes Elementary/Secondary (0-12) 12th Grade 17. FATHER'S NAME (First, Middle, Le	S EDUCATION It grade completed) College (1-4 or 5 +)	160. DECEDENT'S USUAL OCC (Give kind of work done du life. Do NOT use retired.) Order Filler	ring most of working		Motors				
				ME (First, Middle, Maiden					
100 INFORMANT'S NAME (Time/Prin		19b. MAILING ADDRESS (Mary Street and Number or Rural						
Mary L. Bro			oden Avenu						
1 ZABurial 2 Cremation 3	206, METHOD OF DISPOSITION 1 ABurial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 206, PLACE AND DATE OF DISPOSITION (Name of cometary, crematory or other place) VIOTEIAND MEMORIAL Park 206, LOCATION — City of Cometary, crematory or other place) VIOTEIAND MEMORIAL PARK Baltimore								
21. SIGNATURE OF FUNERAL SERV	Lowell M. Le	emmon L	emmon-Mitc W. Padon	hell-Wiede	feld, Ind				
IMMEDIATE CAUSE (Final disease or condition resulting in dasth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST	Du Con Au	A CONSEQUENCE OF:	Fail ple	nyen une ecling		Interval Batwean Onset and Death Item Item Item Item Item Item Item Item			
	iditions contributing to death	but not resulting in the und	iarlying cause givan in	Part I. 24a. WAS AMPERFOI	RMED?	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO MEDI	HOSBITAL:	OTHER	26. PLACE OF DEATH (C)	heck only one)					
1 DYES 2 DNO	1 € Inpatient 2 □ ER/Out	28b. TIME OF	ng Home 5 Realdance	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURED				
1 Natural 5 Pendin	(Month, Day, Year)	INJURY M	WORK? 1 YES 2 NO						
	building, atc. (Spe	Y — At home, farm, atreet, factor acify)	ry, offica	28f. LOCATION (Street City or Town, State	and Number of Rura)	Route Number,			
one) 2 MEDICAL E	PHYSICIAN: To the best of my know		inion, death occured at the	a time, data and place, a	nd due to the cause				
THE BROWNING AND TITLE OF IS	ON WHO COMPLETED CAUSE OF D		29c. LICENSE NU		> //-	2 (- 9 /			
31. OATE FILED (Month, Day, Year)	r K. BI	RAWLRY	54. J.	DSKPIZ	tosa	> ,			
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THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	PORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notiffed at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATN DAY NTONIO Redden 7. DATE OF BIRTH IF UNDER T YEAR IF UNDER 24 HRS. BIRTHPLACE (State or Foreign P 1 X M 2 - F 9a. FACILITY NAME (If not in: 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH Scott Key FRANCIS SCOT ledical Center DIRECTOR 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? BAHimore MD 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER Ave 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE USA GEOVEES 21212 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee 14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: Never Married 2 Married IF YES, GIVE WAR OR OATES BY 3 Widowed 4 Divorced Alack COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY ry (0-12) College (1-4 or 5+) 17. FATNER'S NAME (First, Middle, Last) ACKie obinsor BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS ALTO 2 D 2/2/2 METHOD OF DISPOSITION

Burlat 2
Crematton 3
Ramoval from State 20b. PLACE AND DATE OF DISPOSITION OATE 20c. LOCATION RANDALL Donetion 5 - Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY E. North Ave MARCH 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximeta ahock, or heart failure. Liet only one cause on sech line Interval Batwean **Onast and Death** IMMEDIATE CAUSE (Final disease or condition INTRAVBNTRICULAR HRMURRHAUR IDAY resulting in death) DUE TO (OR AS A CONSEQUENCE OF): PERFORATION-NTESTINAL ISCHBMK 1024 CERTIFICATION Sequentially liet conditions, if any, laading to immediata cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): PRRIMATURING a DAYS CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other eignificant conditions contributing to death but not recuiting in the underlying cause given in Pert I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 1 YES 2 NO OF DEATH? 1 TYES 2 100 PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) HOSPITAL: OTHER:
4 Nursing Home 5 Rasidenca 8 Other (Spec/ly) 1 TES 2 NO lent 2 ER/Outpatiant 3 DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending 1 YES 2 NO BY 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be COMPLETED 4 Nomtcide 1 CERTIFYING PHYSICIAN: To the best of my knowledga, desth occurred at the time, data and place, and due to the ceuse(a) and manner as stated. 2 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, desth occured at the time, data and place, and due to the cause(a) and manner as stated. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE D41343 11/2/191 2

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30. NAME AND AODRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print) LANGBAUM

32. REGISTRAR'S SIGNATURE

MICHARL

31. DATE FILED (Month, Day, Year)

1991



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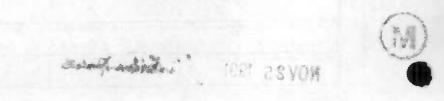
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	4. SOCIAL SECURITY NUMBER	ER	5. SEX	6. AGE (in yrs.	last birthday)		R 1 YEAR	IF UNDER		7. OATE OF BIRTH		8. BIRTHPI	ACE (State or Foreign
	215-07-1205		1 💢 M 2 🗆 F	80	YRS.	MONTHS	OAYS	HOURS	MIN.	OCT. 15, 19	11	MAR	YLAND
OR	9a. FACILITY NAME (If not ins	HOSP					LTIM	ORE	ON OF DE			NTY OF OEA	тн
5	RESIDENCE OF DEC	EDENT 10b. COUNTY											
DIRECTOR	MARYLAND	IOB. COONT			10c. CIT		TIMO						Od. INSIDE CITY LIMITS? Y YES 2 NO
FUNERAL	5516 FREDER	RICK A	VENUE				101	. ZIP CODE	2122	8	10g. CIT	ZEN OF WH	AT COUNTRY?
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8	17. FATHER'S NAME (First, Mic							18. MOTH	ER'S NA	ME (First, Middle, Maiden	Surname)		
BE	JOHN J. D									IA BAYER			
2	19a. INFORMANT'S NAME (Ty)			10.17	19b. MAILING					Route Number, City or Tow			
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	1 X Buriai 2X Cremation 4 Oonetion 5 Other	Specify)		20b. PLAC cemelect METF	CE AND OATE OF CREI	Her place	RY &	ÄT.CI BAL	EM. TO		CATION —	MORE	, State
	21. SIGNATURE OF FUNERAL	SERVICELIC	ENSEE 7 SID	hon			HUBB		FUNE	RAL HOME I		ODE 1	ATD 01000
	23. PART i. Entar the dis shock, pr ha iMMEDIATE CAUSE (Fina disease or condition	art lanure. L	ist only ona cau	aa Dn each I	death, DD n	ot anter	tha mod	da of dyi	ng, such	as cardiac or rasp	Iratory arr	est,	Approximate interval Between Oneat and Deatl
	reaulting in death)	*		OR AS A CON	SEQUENCE OF	n.							
2				VEUMO		,							
흔	Sequantially list condition if any, leading to immed			(OR AS A CDN		7:							-
CERTIFICATION	cause. Enter UNDERLYIN CAUSE (Disesse or injur that initiated avents resulting in death) LAST	y c		OR AS A CONS			ILAR	AC	CIDE	ENT			
MEDICAL C	PART II. Other significan	t conditions	contributing to	daath but no	t rasuiting i	n tha u	ndarlying	cause g	iven in i	Part I. 24a. WAS AN PERFOR	RMEO?	A CI	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?
		_					-			_		1	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	MEDICAL	HOSPITAL:	ER/Outpatient	3 🗆 DDA	OTHEI	R:			sck only one) 8 Other (Specify)			
ВУ РНУ	27, MANNER OF DEATH 1 Natural 5 PA 2 Accident In	ending evestigation	28a. DATE OF (Month, De		28b. TIMI	E OF	28c. INJU WOI	JRY AT		28d. OESCRIBE HOW I	NJURY OCC	UREO	
ED B	3 Suicide 8 C	ould not be etermined	28e. PLACE Of building,	F INJURY — At etc. (Specify)	home, ferm, a	treet, fact	tory, office			28f. LOCATION (Street a City or Town, Stafe)	and Number	or Rural Rou	te Number,
ETE													

CARMINIA E.

31. OATE FILED (MONTH, Day, Year)

NOV 25 1991 ST. AGNES HOSPITAL 900 CATON AVE. BALTO, MD 2122 DAVIOSOHN 57. A6

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

ASOLA SCORPIN MARKEN 1. SASCA MARKEN	1. OECEOENT'S NAME (First, Middle, La	est)		FICATE OF		REG. N 2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATH
217 34 2726 IN NOTICE THANK OF ANY INCIDENT PARK AVENUE APT. 2C SECONTY OF COREST PARK AVENUE			AGE (In you look high-day)	I IF IMPER 4 WEAR	I INDER OF THE		1991	e Dinti	
SOUR OF PORCEOUR PARK AVENUE APT. 2C SECRETARIO OF DEFECEBBLY 19. EARLY LAND 19. COUNTY BALTIMORE 19. COUNTY 19. WAS DECEMBER AVENUE APT. 2C 12. 10 10 March Avenue County 11 March 10 March 1	217 34 2726	1 🗆 M 2 💢 F		MONTHS DAYS	HOURS MIN.	OCT. 13,		MAF	XYLAND
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39.00 W. FOREST PARK AVENUE APT. 2C 10. CECEDITE'S SOUTHORN 11. MARGINA STATUS 11. DIRVERMINE'S 2. MARGINA DIRVERS SOUTH AND ADDRESS OF THE ADDR	10a. STATE 10b. COU		10c. CI						LIMITS?
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Secretary Secretary Control Process 1 YES 2 NO If yes, specify Colorn, Marker, Puerts Reen, etc. Slick, White, size. Slick, White, siz		PARK AVENUE	APT. 2C						
Control of Pripage grade complaints Control of Notice Contro	1 Never Married 2 Married	FORCES? 1 🗌	YES 2 NO	If yes, sp	ecity Cuban, Mexica	en, Puerto Rican, stc.)	fee or No—	Black	k, White, atc.
ELECTRONIC TECHNICIAN ELECTRONICS 17. FATHER'S NAME (First. Modes, Last) ROBERT WILLIAMS 196. MALING ADDRESS (Sirved and Number or Rural Places Number, or Seven, Street, 26 Code) 21. 21. FOR PROBLEM FOR STREET PROBLEM Number or Rural Places Number or Rural Rural Places Number or Rural Rural Places Number or Rural Rural Rural Rural Rural Places Number or Rural Rura	(Specify only highest g	rade completed)	(Give kind o	f work done during me	ON ost of working	18b. KIND OF E	DUSINESS/INC	DUSTRY	
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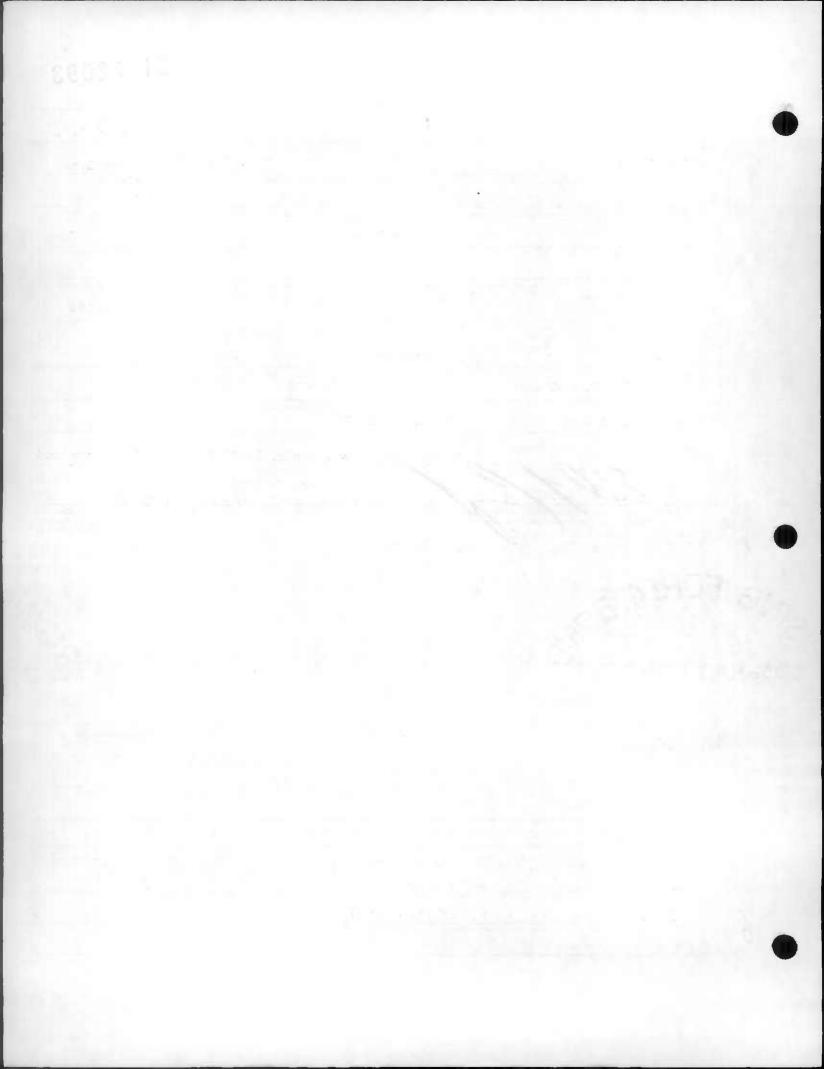
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG NO

	REGISTRAR			С	ERITIFI	CATE	OF DEAT	IH		EG. NO.			
	1. DECEDENT'S NAME (F		N N A		1				2. DATE OF I	DAY	23	EAR	OO A.M
	4. SOCIAL SECURITY NU	C DiNE	5. SEX	6. AGE (In yrs. le	ast birthday)	IF UNDER 1 YE	AR IF UNDER	24 HBS	7. DATE OF E	BIRTH	8.	BIRTHPLAC	E (State or For
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DIRECTOR	10a. STATE	10b. COUNTY	777		10c, CITY	, TOWN OR LO	OCATION						INSIDE CITY
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ш	17. FATHER'S NAME (First Emilio		Nenna					ne ne	ME (First, Midd Bar	ile, Maiden Su Cracho			
TO B	19e. INFORMANT'S NAMI			1		ADDRESS (Str	reet and Number	r or Rural R	Route Number, (City or Town,	State, Zip Co	ode)	7,11
	20a. METHOD OF DISPO	SITION		20b. PLAC	E OF DISPOS		of cemetery, cren	natory or		20c. LOCA	TION — Cit	ty or Town, S	Itate
	1 Burial 2 Creme	ntion 3 - Remove ther (Specify)	val from Stata	other	place)		lem. Ga		11-27	-91	Timo	nium,	Maryl
	21. SIGNATURE OF FUNE	ASSESSMENT OF THE PERSON NAMED IN	ENSEE	Duran	y ya.		ME AND ADDRE						
	b /	10-	1/	1			Towso						
	23. PART i. Enter the	diament.	10	reff	de sale. De	12050	Vork	Road	TOWS	on, N	1d. 2	1204	Annest
	shock, pi	heart fellure.	ist only one on	on each ile	ne.	ibt enter the	mode or dy	ing, suci	n es cerdiac	: Dr respire	tory erres	st,	Approxima
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NOI	resulting in deeth) Sequentielly list con	ditions,	ASC	(OR AS A CONS OR AS A CONS			•						
CATION	resulting in deeth) Sequentielly list con if any, leeding to impose the course to the course. Enter UNDER	ditions, mediate LYING	ASC DUE TO	(OR AS A CONS	EQUENCE OF	F):	р						
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2000 within 2000 after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, P be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATN 2. OATE OF DEATN EVELYN 11.529.4 11 8. BIRTNPLACE (State or Foreign Country) 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 1 - M 2 216-05-3465 06-15-0 Maryland 9s. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATN 9b. CITY. TOWN OR LOCATION OF DEATH DIRECTOR Baltimore County General Hospital Randallstown Baltimore County RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Randallstown 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WNAT COUNTRY? 101, ZIP COOF 3714 Cassen Rd. 21133 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENOENT OF NISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Mexican, Puarto Ricen, stc.) 14. RACE — American Indien, Bisck, Whits, stc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 X NO 1 Never Married 2 Married 1 YES 2 XNO Specify Specify: BY Wildowed 4 Divorced White ED 15. DECEDENT'S EOUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INOUSTRY (Specify only highest grade comp. (Give kind of work done during most of working life. Do NOT use retired.) Office ET Elamentery/Secondery (0-12) Collegs (1-4 or 5+) COMPL 2 years Supervisor of Personnel Locke Insulator 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Clyde Moyer Florence DeHaven 图 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Tanida Sheets 3714 Cassen Rd. Randallstown, MD 21133 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State Lake View Memorial Park 11-27-91 Sykesville, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Loring Byers Funeral Directors, Inc. 8728 Liberty Rd. Randallstown, MD 21133 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death IMMEDIATE CAUSE (Final Hes disease or condition _____ DUE TO (OR AS A CONSEQUENCE OF) PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 TYES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATN (Check only one) HOSPITAL:
1 | Inputient 2 | ER/Outputient 3 | DOA **EXAMINER?** OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28c. INJURY AT WORK? 26b. TIME OF INJURY 26d. OESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide COMPLETED 6 Could not be 4 Nomicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at this time, date and place, end dus to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIES 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE

4900 OLD COURT



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BORT

31. DATE FILED (Month,

NOV25

199

30. NAME AND ADDRESS OF PERSON WHO COMPLEYED CAUSE OF DEATH (ITEM 27) (Type, Print)

STATE WALLEST PARTS SAMATURE

attending physician. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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,	1. DECEDENT'S NAME (First, Middle, Last)		C (23)			2. DATE OF DEATH	199	3. TIME OF DEATN
4	4. SOCIAL SECURITY NUMBER	William 5. SEX	E. Ellerbe 6. AGE (In yrs. last birthde	BY) IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		IRTNPLACE (State or Foreign
	249–26–0014 9a. FACILITY NAME (If not institution, give	1 M 2 F	70 YRS	MONTHS DAYS	HOURS MIN.	(Manth 1997, 1992)	C	S.C.
	Liberty Medical			Balti	OR LOCATION OF D	EATN	9c. COUNTY C	DF DEATN
	10a. STATE 10b. COUNT	ТҮ		city, town on Local Baltimore	ITION	7		10d. INSIDE CITY LIMITS? 1 X YES 2 NO
	100. STREET AND NUMBER 3732 Boarman Ave	enue		10	21216			DE WHAT COUNTRY?
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. ARMED V YES 2 NO WAR OR DATES	If yea, s	CENDENT OF NISPA	NIC ORIGIN? (Specify Yes in, Puarto Rican, atc.)	or No- 14. F	Black, White, etc.
	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION fe completed) College (1-4 or 5 d	(Give kind	T's usual occupation of work done during me trush retired.) Laborer	ON ost of working	Hunt Val		
	17. FATHER'S NAME (First, Middle, Last) William Ellerbe				18. MOTHER'S NA	ME (First, Middle, Maiden S Crawford	Sumame)	
	190. INFORMANT'S NAME (Type/Print) Daisy Ellerbe		19b. MAIL.I 373	ing address (Street A		Route Number, City or Town, Galtimore, Md)
-	4 Donation 5 Other (Specify)		1 17277150		TOWAR .	1176011 0 3	Sac Mall	c MH
1	23. PART I. Enter the diseases, or	Complications that	t caused the death. D	Man 430	nd address of FA ch F/H West	CILITY - Avenue	ngs Mill	
	23. PART I. Entar the diseasea, or abook, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	Complications that	t caused the death. Do	22. NAME A Mari 430 o not enter the mo	ND ADDRESS OF FA Ch F/H West O Wahash A Ode of dying, suc	Venue	atory arrest,	Approximata Interval Betw
	23. PART I. Enter the diseasea, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Post pue to b. Due to b. Due to b. Due to d.	t caused the death. Do see on each line. (OR AS A CONSEQUENCE OF	22. NAME A Mary 4300 o not enter the mo	ND ADDRESS OF FACTOR F/H West On Wabash Adde of dying, such according to the Condition of t	Avenue has cardiac or reapin Tall Tovascul Tovascul Tovascul	atory arrest, fare, lav slav slav slav	Approximata interval Betwoonset and Double a
	23. PART I. Entar the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	complications that List only one cau a. Post DUE TO b. QUITTO c. DUE TO d	t caused the death. Do see on each line. (OR AS A CONSEQUENCE CON	22. NAME A Mary 4300 o not enter the more 1000; OF): Livie (1000): 1000 of the livie (1000): 26. Pl	ND ADDRESS OF FACH F/H West Ch F/H West D Wabash A Dode of dying, suc D Could Cardle Tardle T Que g cause given in	Part I. 24a. WAS AN A PERFORM 1 YES 2 [atory arrest, fare, lav slav slav slav	Approximata Interval Betwoonset and De Constant De Constant De Constant De Constant De Competition of Competition of Causs of Death?
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		1. DECEDENT'S NAME (First, Middle, Lost) MARIE FIELDS	ATE OF DEATH	REG. NO.		3. TIME OF DEATH
3 should		4. SOCIAL SECURITY NUMBER 3. SEX 6. AGE (In yrs. lest birthdey) 7.3 YRS.	UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN. D. CITY, TOWN OR LOCATION OF DE	NOV 2 7. DATE OF BIRTH (Month, Day, Year) 11-25-1	8. BIRTH Counti	RTH CAROLIN
1. 2,	DIRECTOR	RESIDENCE OF DECEDENT	BALTIMORE		BALTIMO	RE CITY
permit. Pages		100. STATE 100. STREET AND NUMBER () HOOLE CONVALOSCENT?	A C D WE D	RE		10d. INSIDE CITY LIMITS? 1 YES 2 NO
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215-0020 attending physician. se as the burial-tra	BY	11. MARITAL STATUS 1 Never Married 2 Married 3. Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2. NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPAN II yea, specify Cuban, Mexica 1 YES 2 NO Specify	n, Puerto Rican, etc.)	Speci	— American Indian, k, White, atc. th: .ACK
2121 al or atte	APLETED	Elementary/Secondary (0-12) College (1-4 or 5+) Iffe. Do NOT use in	done during most of working	16b. KIND OF BUS		
MARYLAND retained by the hospit 5 should be detached notified at once.	BE (17. FATHER'S NAME (First, Middle, Last) JAMES FIELDS	18. MOTHER'S NA	ME (First, Middle, Malden S E JOYNER		
E page	5	MILDRED A. WHITE 1548 ST	ONEWOOD ROAD, I	BALTIMORE,		
ALTIMO death. Page 6 e funeral directo il.		1 X Burlai 2 Cremetion 3 Removal from State 4 Donallon 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	CEMETERY 22. NAME AND ADDRESS OF FAI Joseph H. Bro 1913 W. Balt	11-23-91 BALT own Jr. Fun	TIMORE, MAI	RYLAND ne P.A.
760, ed within 24 hours aft completely filled in by al, cremation, or remo event, the medica	7	23. PART i. Enter the diseases, pr complications that caused the death. Dp not shock, pr heart failure. List only pne cause pn each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Die To, (OR AS A CONSEQUENCE OF):	enter the mode of dying, such	A Pan C	atory arrest,	Approximate interval Between Onset and Deeti
y, P.O. BOX leath certificate be ex attending physician a mtal Hygiene prior to y, or other traum.	CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	W JOSEL			
AL RECORD: e law requires that the has been signed by the Dept. of Health and M	CIAN: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the significant conditions contributing to death but not resulting in the significant conditions contributing to death but not resulting in the significant conditions contributing to death but not resulting in the significant conditions contributing to death but not resulting in the significant conditions contributing to death but not resulting in the significant conditions contributing to death but not resulting in the significant conditions contributing to death but not resulting in the significant conditions contributing to death but not resulting in the significant conditions contributing to death but not resulting in the significant conditions contributing to death but not resulting in the significant conditions contributing to death but not resulting in the significant conditions contributing to death but not resulting in the significant conditions contributing to death but not resulting in the significant conditions condi	TWY SWELL 20. PLACE OF DEATH (Che	1 Tyes 2		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 YES 2 NO
OF PHYSIC this cer with th	D BY PHYSICI	1 YES 2 NO 1 Inpettent 2 ER/Outpettent 3 DOA 4 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 28e. PLACE OF INJURY At home, larm, street	M 1 YES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW IN. 28l. LOCATION (Street an		oute Number,
DI TAL DR WAL DIRI 72 hour	COMPLETE	4 Homicide datermined building, etc. (Specify) 29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, daeth occurred a	the lime, date and place, and dua	City or Town, State) To the cause(a) and mann	ner en atated.	
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	O BE CON	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in	my opinion, death occured at the		due to the cause(a) 29d. DATE SIGNED	

Bon

SS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

22. REGISTRAR'S SIGNATURE

2

30 NAME AND ADDRESS OF PERSON
31. DATE FILED (Month, Day, Veer)

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Charles a war -

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City many County of Many County

THE SELECTION OF THE PROPERTY OF THE PARTY O

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1. DECEDENT'S NAME (First, Middle, Last)	AKA: Ani							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DAY	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	Annie Is. sex	Fal.		- Inch	ER 1 YEAR				21	1991	1510	A
- 3	213 74 4743	1 M 2 X F	90	YRS.	MONTHS		HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTI	HPLACE (State or Foreighty)	n
			30	THS.					1/9/1901		Ma	aryland	
-	9e. FACILITY NAME (If not institution, give	street and number)			9b, CIT	Y, TOWN OF	R LOCATI	ON OF DE	OF DEATH 9c. COUNTY OF DEATH				
5	Lorien Nursin	g Home			Co	olumb	ia				Howa	rd	
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	Y		I too CIT	v mount	OR LOCATION	-						
H	Maryland Her	- Income					ON					10d. INSIDE CITY LIMITS?	
	Maryland Hot	ward		1 00	1uml							1 TYES 2 NO	
2						101.	ZIP CODI					WHAT COUNTRY?	
LONEHAL	6334 Cedar Land						210				.S.A	•	
5	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12, WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2 X	RMED NO	13.	If yea, special YES	cify Cube	n, Mexica	NIC ORIGIN? (Specify Yen, Puerto Ricen, atc.)	a or No—	14. RAC Blac Spec	E — American Indian, k, White, atc.	
COMPLETED	15. DECEDENT'S EDL (Specify only highest grade Elementery/Secondary (0-12)		+) (G	ECEDENT'S live kind of v Do NOT us	work done se retired.)	OCCUPATION during most	N t of workin	ng	18b. KIND OF BU			WIIICE	
	17. FATHER'S NAME (First, Middle, Last)						18. MOTA	HER'S NA	ME (First, Middle, Maider				-
	The state of the s	William	Brown										
	19a. INFORMANT'S NAME (Type/Print)			b. MAILING	ADDRES	S (Street and	d Number	or Rural F	Route Number, City or Tov	n Stain 7	In Code)		-
2	Helen Heim					Maple						nd 21090	
	20s. METHOD OF DISPOSITION		20b. PLACE			-		au			- City or To		_
	1 Suriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State	cemetery, cre	metory or of	ther place.	1			1				
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE .	Meado	owria	ge r	NAME AND	1al	Park	111/25 Ba	ltim	ore,	Maryland	
_	· gerome 3	namu	- region			Georg	e J.	Gor	nce Funera	imor	o Mo		
	23. PAFF 1. Enter the disease of processor of shock, or heart indura. IMMEDIATE CAUSE (Final	complications that List only one cau	t causad tha de ise on each line	eath. Do n	ot anter	r tha mod	e of dyi	ng, sucl	h as cardiac Dr rasp	iratory a	rrest,	Approximata Interval Batw Onaat and Da	
	resulting in death)	S. DUE TO	CONT.	line	OLV.	mest	01	W	I			und	ta
	Sequentially list conditions,	b.	Athe	uscl	wi	tu	ree	kes	cleress			YR9	
	if sny, leading to immediate cause. Enter UNDERLYING	DUE TO	ON AS A CONSE	O	1	LLP.	0 000	5-00				Voc	
	CAUSE (Disease or Injury that initiated aventa resulting in death) LAST	DUE TO	(OR AS A CONSE	DUENCE OF	7):	1100		SCAL	was			7/23	
		4											_
	PART II. Other significant condition Hyperoscusto	er Icet	death but not r	lesulting I	n the u	nderlying	cause g	given in	Part I. 24e. WAS AN PERFOI	RMED?	24b	WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO	
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:			ОТНЕ	R:			ock only one)				
	27. MANNER OF DEATH	1 Inpatient 2						aldence	8 Other (Specify)				
	1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, Da		28b. TIMI INJ		28c. INJUI WORI 1 YE		NO	28d. DEŞCRIBE HOW	NJURY OC	CURED		
	3 Suicide		F INJURY - At ho						281. LOCATION (Street				_

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

ONDON W 4801 DO

32. REGISTRAR'S SIGNATURE

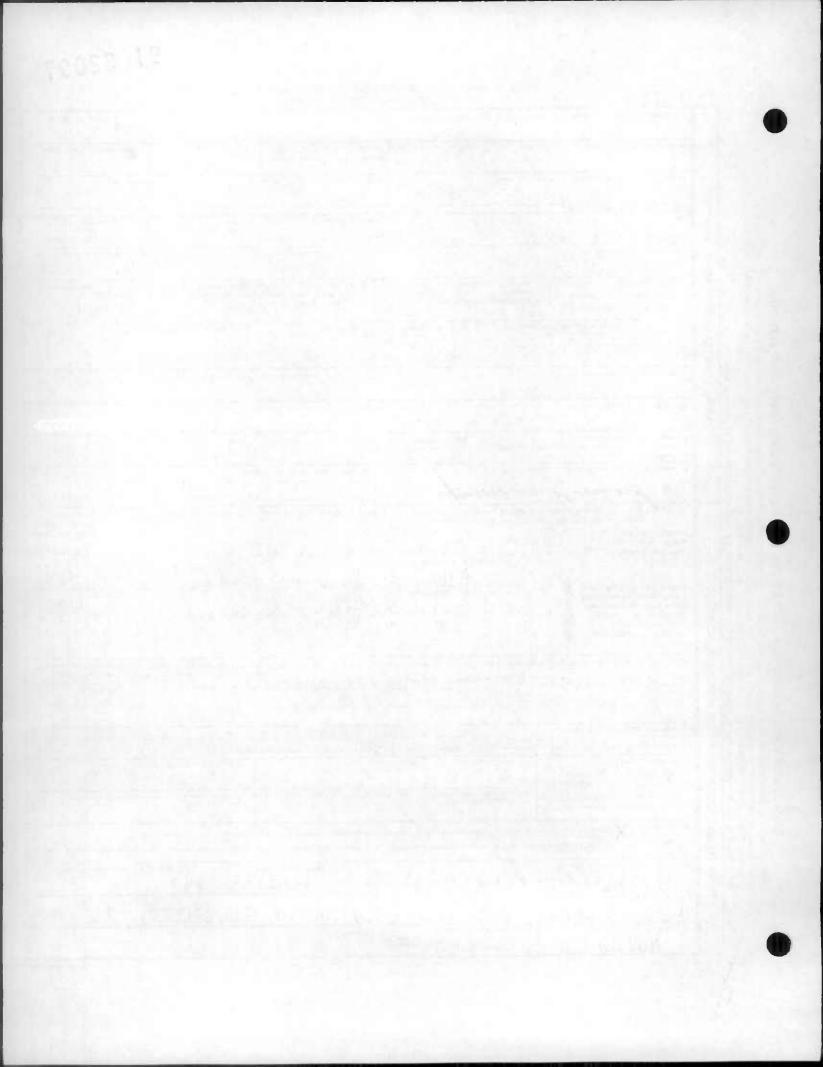
Guha Favidan Pandall

29c, LICENSE NUMBER DO65B8



31. DATE FILED (MONTH), Day, Ye

29d. DATE SIGNED (Month, Day, Year)



3. TIME OF DEATH

2. DATE OF DEATH 11-17-91
MOHTH DAY YEAR

FOR STATE REGISTRAR

UGENE 4. SOCIAL SECURITY NUMBER

1. DECEDENT'S NAME (First, Middle, Last) Eugene Xavier Farber

1 -

		5. SEX 6.	AGE (In yrs. las	R DITTHOUSY)	IF UHDER 1	YEAR	IF UNDER 24 HI	RS. 7. DA	E OF BIRTH		BIDTHOL	ACE /State or Con
	215-12-9330	1 6 M 2 🗆 F	76	YRS.			HOURS MI	N. (Mc	05-21-1	5	Country	Yland
	9a. FACILITY NAME (If not institution, give	e street and number)			9b. CITY, 1	TOWN OR	LOCATION O		1		TY OF DEAT	-
DIRECTOR	SMH Southern	Maryland Ho	spita	1		into						orges (
5	RESIDENCE OF DECEDENT									7 2 2111	00, 00	01865
E					Y, TOWN OR						10	d. INSIDE CITY LIMITS?
- 4	Maryland Prin	nce Georges		FC	oresty						1	VES 2 X
LOISENAL		Pike					CIP CODE			10g. CITIZE		T COUNTRY?
	11. MARITAL STATUS						0747				U.S.	Α.
7	1 🔀 Naver Married 2 Married 3 Widowed 4 Divorced	12. WAS OECEDENT EV FORCES? 1 I	YES 2 XA	MED 10	1111	AS DECEN yes, speci YES 2	Ify Cuben, Me	SPANIC ORIG exicen, Puerl pecify:	GIN? (Specify Yeo o Rican, atc.)	e or No—	Black, W Specify:	American India
2	15. DECEDENT'S ED	DUCATION	16e, DE	CEDENT'S	USUAL OCC	LIPATION			6b. KIND OF BU	SINESS (MOLI		White
u l	(Specify only highest gra	de completed) College (1-4 or 5+)	(Gi	ive kind of v Do NOT us	work done du	ring most	of working		OB. KIND OF BU	SINESS/INDU	SIRY	
COMPL		55/15g6 (14 6/ 5/7)	,	never	emp1	over	1	-		n/a		
	17. FATHER'S NAME (First, Middle, Last)			10101	- Cmp.	-		NAME (First	, Middle, Maiden			
ш	Edwin J. Farber								nealy	ourienaj		
8	19e. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRESS (Street and			mber, Cify or Tow	n. State. Zip C	Code)	
2	Miss Jane Farbe	r							esda,			
	20e. METHOD OF DISPOSITION 1 Burlal 2 Cremetion 3 Re		20b. PLACE	ND DATE	OF DISPOSITI	ION (Nama	of			CATION — CI		State
	4 Donation 5 Other (Specify)	moval from State	°Green	net Mou	int ce	mete	ery	11-19	91 Ba	ltimor	ce, M	arylan
	21. SIGNATURE OF FUNERAL SERVICE I	LICENSEE 4	24	P	22. NA	ME AND	ADDRESS OF		eld Ho			
	John G. Rei	to fother	DKey	4					Baltimo			- 1 212
	23. PART I. Enter the diseases, or	complications that car	used the de	eth Do n	ot onter th	a mada	of dulan		41			Approxima
ERTIFICATION	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c	AS A CONSEC									
=					1.							
5	resulting in death) LAST	d										
MEDICAL C		d. ons contributing to deal	th but not re	esulting in		-	ause given	In Part I.	24a. WAS AN PERFOR	MED?	CO OF	MPLETION OF C DEATH?
MEDICAL C	PART II. Other aignificant condition	d	th but not re	esulting li		-		In Part i.	PERFOR	MED?	CO OF	MPLETION OF CA DEATH?
CIAN: MEDICAL C	PART II. Other aignificant conditions to the conditions of the con	HOSPITAL:	Cman	Jea.	n the unde	Spa		_	PERFOR	MED?	CO OF	MPLETION OF CO DEATH?
SICIAN: MEDICAL C	PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	Outpatient 3	DOA DOA	OTHER:	Spa 26. PLAC g Home	E OF DEATH	(Check only	PERFOR 1 VES 2 One)	MED?	OF 1	MPLETION OF C DEATH?
PHYSICIAN: MEDICAL C	PART II. Other aignificant conditions to the conditions of the con	HOSPITAL:	Outpetient 3	4-2	OTHER: 4 Nursing	26. PLAC g Home sc. INJURY WORK	E OF DEATH 5 Residen	(Check only	PERFOR 1 YES 2	MED?	OF 1	MPLETION OF CO DEATH?
BY PHYSICIAN: MEDICAL C	PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANUER OF DEATH 1 Natural 5 Pending Investigation 2 Suicide.	HOSPITAL: 1 Inpatiant 2 ARM (Month, Day, Ye	Curipstient 3 RY ar)	DOA 28b. TIME	OTHER: 4 Nursing	26. PLAC g Home Sc. INJURY WORK' 1 YES	E OF DEATH	(Check only compared to the co	PERFOR 1 YES 2 one) Per (Specify) ESCRIBE HOW IN	MED?	AM CO OF 1 [NLABLE PRIOR : MPLETION OF C DEATH? YES 2 N
ED BY PRINCIAN: MEDICAL C	PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	HOSPITAL: 1 Inpatiant 2 ARM (Month, Day, Ye	Outpettent 3 PRY ar) URY — At hore	DOA 28b. TIME	OTHER: 4 Nursing	26. PLAC g Home Sc. INJURY WORK' 1 YES	E OF DEATH 5 Residen	(Check only) ce 8 Ott 28d. Di 28f. LO	PERFOR 1 VES 2 One)	MED?	AM CO OF 1 [NLABLE PRIOR MPLETION OF C DEATH? YES 2 N
LEIED BI PRISICIAN: MEDICAL C	PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANUER OF DEATH 1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be defarmined	HOSPITAL: 1 Inpatiant 2 ARI/ 28e. DATE OF INJU (Month, Day, 16 28a. PLACE OF INJ building, etc. (Outpettent 3 RY ar) URY — At hon	DOA 28b. TIME INJU	OTHER: 4 Nursing E OF 28	26. PLAC g Home 3c. INJURY WORK 1 YES	E OF DEATH 5 Resident Y AT 2 NO	(Check only of the state of the	PERFOR 1 YES 2 Per (Specify) ESCRIBE HOW IN CATION (Street a y or Town, State)	NO NO NJURY OCCUR	AMACO OF 1 [NLABLE PRIOR MPLETION OF C DEATH? YES 2 N
	PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANUER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be 4 Homicide 8 Could not be 4 Homicide 8 Could not be 4 Homicide 8 Could not be 5 Could not be 6 Could not be 7 Check only Check only Check only Check only	HOSPITAL: 1 Inpatiant 2 DER/ 28e. DATE OF INJU (Month. Day, 16) 28a. PLACE OF INJ building, etc. (Outpetient 3 RY ar) URY — At horn Specify)	DOA 28b. TIME INJU	OTHER: 4 Nursing Why M Nursing	26. PLAC g Home Sc. INJURY WORK: 1 YES	E OF DEATH 5 Residency AT 2 NO	(Check only of the ce 8 Oth Call Call Call Call Call Call Call Cal	PERFOR 1 YES 2 In YES 2 Per (Specify) SCRIBE HOW IN (Street as y or Town, State)	NO N	AMM CO OF 1 [NLABLE PRIOR 1 MPLETION OF C DEATH? YES 2 N
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בו כסייר בריבה בו בחיומים איני שבטומים כ	PART II. Other aignificant conditions are supported by the support of the support	HOSPITAL: 1 Inpatiant 2 DER/ 28e. DATE OF INJU (Month, Day, Ye 28a. PLACE OF INJ building, etc. (SICIAN: To the best of my k IER: On the basic of axamin	Outpetient 3 RY ar) URY — At horn Specify)	DOA 28b. TIME INJU	OTHER: 4 Nursing Why M Nursing	26. PLAC g Home Sc. INJURY WORK 1 YES r, offica	E OF DEATH 5 Residency AT 2 NO	(Check only ce 8 Oth 28d. Di 28d. Di 28f. LO Cit due to the c	PERFOR 1 YES 2 In YES 2 Per (Specify) SCRIBE HOW IN (Street as y or Town, State)	NO N	AMMOOD OF THE PROPERTY OF THE	NLABLE PRIOR : MPLETION OF C DEATH? YES 2 N
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O DE COMPLETED DI PRISICIAN: MEDICAL C	PART II. Other aignificant conditions of the con	HOSPITAL: 1 Inpatiant 2 ZERA 28e. DATE OF INJU (Month, Day, Ye 28a. PLACE OF INJ building, etc. (SICIAN: To the best of my k IER: On the basic of axamin	Outpatient 3 RY ar) URY — At horn Specify) nowledge, dea	DOA 28b. TIME INJU	OTHER: OTHER: 4 Nursing EOF 28 URY M Attract, fectory d at the time	26. PLAC g Home Sc. INJURY WORK 1 YES r, offica	E OF DEATH 5 Residen Y AT 2 NO d place, end the occurred st	(Check only ce 8 Oth 28d. Di 28d. Di 28f. LO Cit due to the c	PERFOR 1 YES 2 In YES 2 Per (Specify) SCRIBE HOW IN (Street as y or Town, State)	NO N	AMMOOD OF THE PROPERTY OF THE	NUMBER PRIOR MPLETION OF (DEATH? YES 2 P

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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VISION	T. STATE OF THE PARTY OF THE PARTY OF
DIVIS	0
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1	1. DECEDENT'S NAME (First, Middle, Li	0.0[]		E OF DEA		REG. NO.		3. TIME OF DEATH
6	Sister Mary D				2. U	17/19/9	1 YE	12:05 A
	4. SOCIAL SECURITY NUMBER 149-42-5503	5. SEX 1 M 2 F 8. AGE (In yrs. In	Tho.	R t YEAR IF UNDER	Min. (A	ATE OF BIRTH Month, Day, Year)	N	BIRTHPLACE (State or Foreign Country) Tew Jersey
CTOR	99. FACILITY NAME (If not institution, g Villa Assumpt	a,6401 N. Char	les St.	Balti	more		Balt	imore
DIRE		timore	Balti:	OR LOCATION MOPE				10d. INSIDE CITY LIMITS? 1 YES 2
VERAL	6401 N. Charl	es St.		2121	2		USA	OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	RMED 13	It yes, specify Cube 1 YES 2 NO	en, Maxican, Pue			RACE — American Indian, Black, White, atc. Specify: White
PLETED	15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12)	Collaga (1-4 or 5+)	DECEDENT'S USUAL Give kind of work done to NOT use retired.	during most of worki	ing	16b. KIND OF BUSI		ray .
E COMPL	17. FATHER'S NAME (First, Middle, Last Donato Fanel		<u>uonor</u>	16. MOT	HER'S NAME (FI	rst, Middle, Malden S	Surname)	
TO B	S. Bernice Fe	ilinger 6	401 N.	Sharles	St.,	Number, City or Town Baltim	State, Zip Coc Ore,	Ma. 21212
	20e METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 1 4 Donetion 5 Other (Specify)	Vill	e of disposition (P	a Cemet	ery	G1	en Ar	or Town, Stata
	21. SIGNATUTE OF FUNERAL SERVICE Dennis St	Klue Kr.		. NAME AND ADDRE				Home
CATION		or complications that caused the circ. List only one cause on each lin	ne.					, Approximata interval Batv Onaet and D
RTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in deeth) LAST	b. DUE TO (OR AS A CONS DUE TO (OR AS A CONS DUE TO (OR AS A CONS	EOUENCE OF):	Orecub	Disen	18e		2 when
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MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in deeth) LAST PART II. Other significant cond	DUE TO (OR AS A CONS c	EOUENCE OF): E resulting in the u	inderlying cause 26. PLACE OF (givan in Part	i. 24e. WAS AN / PERFORI 1 TYES 2	MED?	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
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TED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in deeth) LAST PART II. Other significant cond 25. WAS CASE REFERRED TO MEDICAEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	DUE TO (OR AS A CONS C	EOUENCE OF): EOUENCE OF): resulting in the use of the control of	26. PLACE OF I	givan in Part DEATH (Check on leekdence 8 28d.	i. 24e. WAS AN / PERFORI 1 TYES 2 2 ify one)	IJURY OCCUR	24b. WERE AUTOPSY FIND AWAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
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FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

IZAB

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

CERA (105, MD, - ST. JOSEPH

1991

32. REGISTRAN'S SIGNATURE Pandall

31. DATE FILED (Mont

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5. SEX

1 -

	219-56-2523 10M2	DF 9/	YRS. MONTH	B DAYS HO	URS MIN.	081
~	9e. FACILITY NAME (If not institution, give street end num	nber)	9b. C	ITY, TOWN OR LO	CATION OF DE	
DIRECTOR	RESIDENCE OF DECEDENT	0/192	170	owso.	n m	0.
REC	10e. STATE 10b. COUNTY			N OR LOCATION		
-	Maryland Baltimor	re	Bal	timore		7
RAL	100. STREET AND NUMBER 8739 Satyr Hill Rd.	10f. ZIP	10f. ZIP CODE 21234			
FUNER	11. MARITAL STATUS 12. WAS D	13. WAS DECENDE				
B	1 Never Married 2 Merried IF YES	S? 1 YES 2 XI	Wo .	If yee, specify	Cuben, Mexice LNO Specify	
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(G	CEDENT'S USUAL	ne during most of	working	181
ONCE.	Elemantary/Secondary (0-12) College (1-4 or 5+)	Housewi			
E CO	17. FATHER'S NAME (First, Middle, Last) Richard Hinkle Willi	iams		18.	Emmal:	
TO BE	19e. INFORMANT'S NAME (Type/Print)		b. MAILING ADDR			_
F	Mrs. Suzanne E. Krad	ch .	4425 Lai	ngtry D	rive (len
	20e. METHOD OF DISPOSITION 20 3 Buriel 2 Cremetion 3 Removal from S 4 Donation 5 Other (Specify)	other ni	of disposition (see) Keview (
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			22. NAME AND A		
	Lassohn Luner	al Home		748	sahn Fi I Bela	mer ir R
TIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONSE		· ·		-/
RTIF	that initiated events resulting in dasth) LAST	DUE TO (OR AS A CONSE	OUENCE OF):			
MEDICAL	PART II. Other significant conditions contribu	iting to death but not	resulting in tha	undariying ca	use given in	Part I.
SICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PLACE	OF DEATH (Ch	eck only o
or Item YSICI/	EXAMINER? 1 YES 2 NO 1 Inpat	FAL: lant 2 ER/Outpatient 3		IER: Nursing Home 5	☐ Residence	s 🗆 Oth
y PH	1 Naturel 5 Pending	DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY WORK? 1 YES	AT 2 NO	28d. DE
	3 Suicide 28e.	PLACE OF INJURY — At he building, atc. (Specify)	ome, farm, street,	tectory, office		281. LOC
Tell Tell						0.17
= 5	29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the cone) 2 MEDICAL EXAMINER: On the b					to the ce
	(Check only 1 CERTIFYING PHYSICIAN: To the			ny opinion, desth		to the ce

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOSP

FRANCIS

CERTIFICATE OF DEATH REG. NO. 2. DATE OF OEATH :50 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign MD. 9c. COUNTY OF DEATH BAH: more 10d. INSIDE CITY LIMITS? 1 YES XX NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indien, Bleck, Whita, etc. N? (Specify Yee or No-Rican, etc.) Specify: White . KIND OF BUSINESS/INDUSTRY Homemaking Middle, Malden Surname) Alverta Carter ber, City or Town, State, Zlp Code) Arm, Md. 21057 20c. LOCATION — City or Town, State Baltimore, Maryland al Home d. Balto., Md. 21236 diac or respiratory arrest, Approximata Interval Between **Onaat and Daath** 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24e. WAS AN AUTOPSY PERFORMEO? 1 YES 2 NO OF DEATH? 1 YES 2 NO SCRIBE HOW INJURY OCCUREO CATION (Street and Number or Rural Route Number, or Town, State) use(e) end menner as stated. e and place, end due to the cause(e) and manner ee atated. 29c. LICENSE NUMBER 29d. OATE SIGNED (Month, Day, Year,

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BALTIMORE, MARYLAND 21203-3146	be executed within 2 - ours after death. Page 6 may be retained by the hospital or attending physic
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permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 131

OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 2 mours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit	emoval.	tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
may be retained by	or, page 5 should be		ist be notified at
s after death. Page 6	by the funeral direct	emoval.	dical examiner m
cuted within 2 Sur	d completely filled in	lours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ic event, the me
th certificate be exer	ending physiclan an	Il Hygiene prior to b	or other traumal
equires that the dear	an signed by the att	of Health and Menta	hows any injury,
SICIAN: The law re	certificate has bee	the State Dept. of	I, or Item 23 s
ATTENDING PHY	ECTOR: After this	s after death with	1 28 Is marked
OR	DIR	OUL	tem

FOR STATE REGISTRAR	STATE OF N	IARYLAND / DEPAR CERTIF	RTMENT OF I		MENTAL HYGIENE REG. NO.		
1. DECEOENT'S NAME (First, Mid Edith	Sedlack	Fridl			2. DATE OF DEATH MONTH DAY	21 91	12:50 pm
4. SOCIAL SECURITY NUMBER 578 68 6886 90. FACILITY NAME (If not institute)	5. SEX 1 M 2 KF	6. AGE (in yrs. lest birthday) 93 vns.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 03-15-98	Co	arthplace (State or Foreign unitry)
The same of the sa	ng Home		Berlin	OR LOCATION OF DI	EATH	Worces	
Md	Worcester		rin	TION			10d. INSIDE CITY LIMITS? 1 YES 2 \(\text{NO} \) NO
Too. STREET AND NUMBER 201 N. Main 11. MARITAL STATUS 1 Naver Married 2 Mar	Street			1. ZIP COOE		USA	F WHAT COUNTRY?
3 XWidowed 4 Divorced	ried FORCES? 1	T EVER IN U.S. ARMED YES 2 NO AR OR DATES	If yes, o		NIC ORIGIN? (Specify Yee in, Puerto Ricen, etc.) y:	В	ACE — American Indian, leck, White, etc. pecify: White
15. DECEDE (Specify only high property of the	NT'S EDUCATION thest grade completed) College (1-4 or 5 -	(Give kind of		ON ost of working	16b, KIND OF BUS		Y
77. FATHER'S NAME (First, Middle Anton Sediac	,			18. MOTHER'S NA	ME (First, Middle, Maiden s	Sumame)	
Dr. Joseph F		119	Maple D	rive, Be	Route Number, City or Town	21811	
20e. METHOD OF DISPOSITION Burtial 2 Cremetion 4 Donation 5 Other (Sp. 21. SIGNATURE OF TONES A. E.	ecify) _	20b. PLACE OF DISPO other place) Bohemia	n Nation 22. NAME A Burk	nal Ceme	tery Bali	timore.	
23. PART. Enter the diese shock, or hear iMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Termi	nal Bronchi (OR AS A CONSEQUENCE C	cal Pneu		ch aa cardiac or reapl	ratory arreat,	Approximate Interval Between Onset and Death
Sequentially liet condition if any, leeding to immedie cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	oue to	imers Advan (or as a consequence of (or as a consequence of	OF):				
PART ii. Other significent	conditione contributing to	death but not resulting	in the underlyi	ng ceuse given in	Part I. 24e. WAS AN PERFOR 1 TYES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Z5. WAS CASE REFERRED TO MEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL:		OTHER:	PLACE OF DEATH (C			
1 Hattoriat 3 Par	28e. DATE Of (Month, L		ME OF 28c. IN	JURY AT ORK? YES 2 NO	6 Other (Specify) 26d. DE\$CRIBE HOW II	NJURY OCCURE	D
	28e. PLACE C	OF INJURY — At home, ferm atc. (Specify)	, atreet, factory, off	CB	26f. LOCATION (Street & City or Town, State)	and Number or Ru	iral Route Number,
Crieck orny	ING PHYSICIAN: To the best of						ise(e) end menner ee stated.
29b. SIGNATURE AND TITLE OF	~ > ~	A	77	DO202		29d. DATE SIG	NED (Month, Dey, Year)
Federico Ar	thes, M.D.	622A Ocean		erlin, M	D 21811		
NOV 2 5 19		AR'S SIGNATURE					

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMP

296. SIGNATURE AND TITLE OF CERTIFIER

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31. DATE FILED (Month, Day, Year)

		JND A. GI							MONT		AY 19	YEAR	3. TIME OF DEATH 7: 00P
4. SOCIAL SECURITY NUMBER 213-28-9653		5. SEX 1XXM 2 F	6. AGE (In)	yrs. last birthday) YRS.	MONTHS	DAYS	HOURS	MIN.	7. DATE (Mont) 5-8	OF BIRTH (, Day, Year) 3-11		Cour	THPLACE (State or Fore
90. FACILITY NAME (If not institution 14 Witherwood	Ct	reet and number)				Y, TOWN	OR LOCATI	ON OF DE	АТН			NTY OF	
RESIDENCE OF DECEDE	COUNTY	,		100 00	TY, TOWN	001001	71011						
Maryland		ltimore		106. 61			HON						10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	Da	Termore			Tow								1 TES XIX N
14 Witherwood	MAA	Court				101	f. ZIP COD				10g. CIT	IZEN OF	WHAT COUNTRY?
11. MARITAL STATUS	ANA						212					JSA	
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15. DECEDENT (Specify only highes	I'S EDUC	CATION Completed)	16	Sa. DECEDENT'S	S USUAL C	CCUPATIO	ON		16b.	KIND OF BU	SINESS/INE	DUSTRY	
Elamentary/Secondary (0-12)		College (1-4 or 5	+)	(Give kind of life, Do NOT u	ise retired.)	auring mo	ost or worki	ng					
		4		Mac	hine	& To	ool I	esig	n		Tool		
17. FATHER'S NAME (First, Middle, L.	Last)						18. MOT	HER'S NAI	ME (First, A	liddle, Maiden	Sumame)		
Arthur Gunt	crum								y Ku				
19a. INFORMANT'S NAME (Type/Prin				19b. MAILING	G ADDRES	S (Street a	and Number			er, City or Tow	rn Stata Zin	Code)	
Katherine Gun	ntrw	m		14 Wi									04
20a. METHOD OF DISPOSITION XBurlal 2 Cremation 3 S 4 Donation 5 Other (Specify	ify)	-1	cemeter	ACE AND DATE	OF DISPO	SITION (Na	eme of		DATE	20c. LO	CATION —	City or 1	own, Stata
X Buriel 2 Cremation 3 4 Donation 5 Other (Specification) Control of Funeral UNIVERSE Section 1 Dennis Ste	viole Lice Pher	Karlen n Xenaki	Pro	ACE AND DATE ry, crematory or cospect MO064	of DISPO	Cett NAME AN	neter	y SS OF FAC Mi Roa	11/2 Lity tche	20c. LO 5 Town 11-Wie	son, edefe	Mary	own, stata
XSurial 2 Cremation 3 5 Other (Specif) 21. SIGNATURE OF FUNERAL EIN	epher	n Xenaki pmplications that list only one ceu	cemeter Professional Communication (Communication Communication Communic	ACE AND DATE ny, crematory or co Spect M0064	of DISPO: ther place; Hill 22.	Cett NAME AN	neter	y SS OF FAC Mi Roa	11/2 Lity tche	20c. LO 5 Town 11-Wie	son, edefe	Mary	own, Stata
A Buriel 2 Cremation 3 4 Donation 5 Other (Specification) 5 Dennis S 21. SIGNATURE OF FUNERAL BUY Dennis S 22. PART I. Enter the disease chock, princer fe immediate Cause (Final disease or condition recuiting in death) Sequentially list conditione, if any, leading to immediate ceuse. Enter UNDERLYING	es, or ce	DUE TO	cemeter Properties of the course of the cour	MO064 Me deeth. Do	of Disposition place; Hill 222. HO 60 not enter	Cett NAME AN	neter	y SS OF FAC Mi Roa	11/2 Lity tche	20c. LO 5 Town 11-Wie	son, edefe	Mary	vland Home Land 2121
2 Cremation 3 4 Donation 5 Other (Specify 21. SIGNATURE OF FUNERAL Dennis S 23. PART I. Enter the disease ehock, pr heert fe immEDIATE CAUSE (Final disease or condition recuiting in death) Sequentially list conditione, if any, leading to immediate	epher	DUE TO	t ceueed the se Dn eech	MO064 MO064 MO064 MO064	of Dispositive place; Hill 22. HO 6 not enter	Cett NAME AN	neter	y SS OF FAC Mi Roa	11/2 Lity tche	20c. LO 5 Town 11-Wie	son, edefe	Mary	vland Home Land 2121
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A Donation 5 Other (Specify 1 Donation 5 Other (Specify 21. SIGNATURE OF FUNERAL Dennis See 23. PART I. Enter the disease ehock, pr heert fe immediate Cause (Final disease pr condition reculting in death) Sequentially list conditione, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease pr injury that initieted evente resulting in death) LAST	pherical phe	DUE TO	cemeter Trope S t ceueed the se on each (OR AS A CO (OR AS A CO	MOO64 MOOSPECT	OF DISPO: ther place; Hill 22. 40 66 not enter	Cem NAME AN 5500 The mo	meter neter neter york York de of dyl	y ss of face Mi Roa ng, euch	11/2 Dility tched d Ba	20c. LOS TOW, 11-Wielltimon ec or respi	AUTOPSY	Mary Mary eld H ary	Approximate Intervel Bette Oneet and Intervel
2 Cremation 3 4 Donation 5 Other (Specify 21. SIGNATURE OF FUNERAL BITM 22. SIGNATURE OF FUNERAL BITM 22. PART I. Enter the disease ehock, or heert fe iMMEDIATE CAUSE (Final disease or condition recuiting in death) Sequentially list conditione, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted evente reaulting in death) LAST PART II. Other significent con	pheres, or crediure. L	DUE TO	cemeter Trope S t ceueed the se on each (OR AS A CO (OR AS A CO	MOO64 MOOSPECT	OF DISPO: ther place; Hill 22. 40 66 not enter	SITION (Na Cett NAME AN 5500 r the mo	neter neter No Address York de of dyl	SS OF FACE MI ROA ng, euch	DATE 11/2 CHITY tChe d Ba n es cerd	20c. LO 5 Tow. 11-Wie 1timon ec or respi	AUTOPSY	Mary Mary eld H ary	Approximate Intervel Betty Oneet and Intervel
ZE WAS CASE REFERRED TO MEDIC 21. SUPPLY SERVICES 22. PART I. Enter the disease ehock, pr heert fe immediate cause (Final disease or condition recuiting in death) 25. WAS CASE REFERRED TO MEDIC EXAMINER?	pherical phe	DUE TO DUE TO Contributing to	t ceueed the se Dn eech (OR AS A CO) (OR AS A CO) death but i	MOOG4 MOOGENEED AND A STREET A	OF DISPO: Other place; Hill 22. Other In the un	NAME AND STORY OF THE MODEL OF THE MODE	meter neter ND ADDRE	SS OF FACE MI ROA	DATE DATE DATE DATE DATE DATE DATE DATE	20c. LO 5 Tow. 11-Wie 1timon ec or respi	AUTOPSY	Mary Mary eld H ary	Approximate Intervel Betty Oneet and Intervel
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2 . MEDICAL EXAMINES: On-the basis of exemination and/or impostigation, in my opinion, dasth occurred at the time, data and place, and due to the cause(s) and manner as stated.

DEATH (ITEM 27) (Type, Print)

Julia Davidson Bondelle

32. REGISTRAR'S SIGNATURE

29d. DATE SIGNED (Month, Day, Year)

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, par	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must b

	FOR 1 . STATE	STATE OF MARYL	.and / Depart	MENT OF H	EALTH AND	MENTAL H	TYGIENE	32103		
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) AB TH	HA W.	CERTIFIC	R CATE OF	DEATH		REG. NO.	YEAR 3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE 1 M 2 V +		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, De		a BIRTNPLACE (State or Foreign Country) Wisconsin		
	9e. FACILITY NAME (If not institution, give :	street end number)		9b. CITY, TOWN C	R LOCATION OF I	DEATH	9c. COU	INTY OF DEATH		
CTOR	CHURCH HOSPITAL CORPORATION BALTIMORE CITY 100 STATE 100 COUNTY									
DIRECTO		ltimore	10c. CITY,	TOWN OR LOCAT	ion te Marsi	n		10d. INSIDE CITY LIMITS? 1 YES 21 NO		
FUNERAL	100. STREET AND NUMBER 5910 Ebenezer R	d.		10f.	ZIP CODE 21162	2		USA		
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 K NO	13. WAS DEC	ENDENT OF NISP	ANIC ORIGIN? (S	pecify Yae or No-	14. RACE — American Indian, Black, White, etc. Specify: White		
ETED	15. DECEDENT'S EDU (Specify only highest grade	e completed)	18e. DECEDENT'S U (Give kind of wo life. Do NOT use	rk done during mos	N at of working	16b. KIN	OF BUSINESS/INC	DUSTRY		
COMPLE	Elementary/Secondary (0-12) 12 years	4 years	LPN	16.11-60.7		Uni	ion Memor	ial Hospital		
BE CO	17. FATNER'S NAME (First, Middle, Lest) Ernst H. Gyr						eringsfel	.d		
TO E	190. INFORMANT'S NAME (Type/Print) Janet Rogers						City or Town, State, Zip	Code) 21162		
	20g METNOD OF DISPOSITION 1 Burlel 2 Cremation 3 Ram 4 Donetion 5 Other (Specify)	ioval from Stata 20b	PLACE AND DATE OF	DISPOSITION (Na	ne of	/23/91	20c. LOCATION —	City or Town, State ore, Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LIC			22. NAME AN	Sahn Fu	ACILITY neral H	ome			
NO	23. PART i. Enter the disease, Dr shock, Dr heert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentielly list conditions.	a. DUE TO (DR AS A	A CONSEDUENCE OF):	t enter the mod	de of dying, su	ch es cerdlec	alto Md or respiratory are	21236 rest, Approximate Interval Between Onset and Deat		
CERTIFICATION	If any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST	c	CONSEQUENCE OF):							
AN: MEDICAL	PART II. Other eignificent condition	e contributing to death b	ut not resulting in	the underlying	ceuse given in		. WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS APAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL/	ACE OF DEATH (C	heck only one)				
> 1	1 YES 2 NO	1 Nonpatient 2 - ER/Outp	patlant 3 DOA 4	☐ Nursing Nome		6 Other (Sp	ecify)			
ву Рн	Pending Investigation	(Month, Day, Year)	28b, TIME (RY WOF		28d. DESCRIE	BE NOW INJURY OCC	CURED		
ETED E	a Could not be detarmined	26s. PLACE OF INJURY building, atc. (Spec	At home, ferm, stracify)	est, factory, office		281. LOCATIO City or To	N (Street and Number wn, State)	or Rural Route Number,		
COMPLE	29n. CERTIFIER (Check only one) 1 CERTIFYING PNYSI	ICIAN: To the best of my knowless: On the bests of exemination	ladge, death occurred n and/or investigation,	at the time, date of	and place, and du	a to the ceuse(a) and menner as state	ted.		
BE	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU			E SIGNED (Month, Day, Year)		
7	30. NAME AND ADDRESS OF PERSON WHI	O COMPLETED CAUSE OF DE	. / 1/2	rint)	y	15 m SI	D mp			
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2— Hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriabe filed within 72 hours after death with the State Dept. or Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 1991 YEAR NOV. 18, 11:15 A M CARROLL 0. GOLDSBOROUGH 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign DAYS HOURS 1 V M 2 | F JULY 10,1906 705-09-2762 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Meridian Caton Manor N. H. Balto.City, Md. RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Jarrettsville , Md. Balto. Maryland 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? 10e. STREET AND NUMBER 101. ZIP CODE FUNERAL 4225 Madonna Road United States 21084 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, Whita, etc. FORCES? 1 YES 3 NO If yes, specify Cuban, Mexican, Puerto Rican, atc.)

1 YES 2 NO Specify: 1 Never Married 2 Married Specify: White BY 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) Collega (1-4 or 5+) Passenger Conductor Railroad B.&O 12th.Grade 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Albert Todd BE Goldsborough Cora 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 4225 Madonna Rd. Jarrettsville, Md. 21084 Mrs.Carol A.O'Keefe 20a. METHOD OF DISPOSITION
1 ☆ Burlel 2 □ Cremation 3 □ Ramoval from State
4 □ Donation 5 □ Other (Specify) _____ 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, Stata Balto, Md. Loudon Park Cemetery 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
AC Cully Funeral Home of South Balto 30 E. Fort Ave. Balto., Md. a 23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. Interval Betwaan **Oneat and Death** IMMEDIATE CAUSE (Final diseese or condition_ can resulting in death) DUE TO (OR AS A CONSEQUENCE OF): orclevitz CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF) CAUSE (Diseese or injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL COMPLETION OF CAUSE 1 YES 2 WHO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 Diving Home 5 Dissidence 6 Other (Specify) 1 TYES 2 NO Inpetient 2 - ER/Outpetient 3 - DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED 4 Homicide determined 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the ceuse(a) end manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE

berla

, MD.

32. REGISTRAR'S SIGNATURE idia Davidson-Randello

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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1991

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detached for

death. Page 6 may be retained by the hospital or attending physician.

BALTIMORE, MARYLAND 21215-0020

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L DINCOLON, ALE MIN CELUICAE MAS Deel Signed by the acceptain and completely med in by the unlettel unfector, page 3 should be		f item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at
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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760,

91per MEO G-682 12/16/91 reb FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH W. Raymond Gieser 18 1991 4:04 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 213-28-2642 12 M 2 | F 64 DAYS HOURS 6-8-1927 Maryland YRS 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR St. Joseph's Hospita Towson Baltimore 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Baltimore Essex 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 100. CITIZEN OF WHAT COUNTRY? 1807 Sunnyside Lane 21221 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 XYES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuban, Maxican, Puarto Rican, atc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 11 BY Specify: 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 18a. DECEDENT'S USUAL OCCUPATION 18b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) I2th grade College (1-4 or 5 +) Salesman Tastykake Corporation 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) George Edward Gieser Martha Fischer BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 0 Jean A. Gieser 1807 Sunnyside Lane Balto., Md. 21221 20a METHOD OF DISPOSITION
1 Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE Zion Church Cemetery 11/22 4 Donetion 5 Other (Specify) Baltimore. Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Home Jasseln June 7401 Belair Rd. Balto., Md. 23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final **Onaet and Death** disease or condition Arteriosclerotic cardiovascular disease resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF). that initiated events reaulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIDE TO COMPLETION OF CAUSE 1 DYES 2 NO DE DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL:
1X Inpatient 2 ER/Outpatient 3 DOA OTHER: 1 X YES 2 NO ng Home 5 🗆 Residence 8 🗆 Other (Specify) 27. MANNER OF DEATH 28a. DATE DF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural м 1 YES 2 NO BY 2 Accident 3 Sulcide 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) ED 8 Could not be 4 Homicide ET 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, date and plece, and due to the cause(a) end manner ea stated. COMPL 2 💹 MEDICAL EXAMINER: On the beels of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner ee stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) mey C.M.E 19 1991

111 Penn Street.

RESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE whie Deviden

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 riours after death. Page 6 may be	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	
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	1 - FOR STATE REGISTRAR	STATE OF MA	RYLAND / DEPAR CERTIF	TMENT OF HEALTH AND	MENTAL HYGIE		
	1. DECEDENT'S NAME (First, Middle, Last)	Lee	Harnsber	ger	2. DATE OF DEATH MONTH	DAY YEAR	
	RAYMOND 4. SOCIAL SECURITY NUMBER		HA PNSBE		11 19	1991	
	220-14-3262	3€XM 2 ☐ F	69 YAS.	MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH 5(Month, Day Year)	19221 000	THPLACE (State or Foreign intry)
	9a. FACILITY NAME (If not Institution, give		0 5 1113.	9b. CITY, TOWN OR LOCATION OF		Ma	ryland
E .			DEFE			9c. COUNTY OF	
ECTOR	208 EAST F	ARNEY SI	REET	BALTIMORE	CITY		
H	10e. STATE 10b. COUNT	Υ	10c. CITY	, TOWN OR LOCATION			10d. INSIDE CITY LIMITS?
DIR.	Maryland -		Ba	alto.City, Md.			1 X YES 2 NO
PA	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?	
FUNERAL	208 E.	Barney St		212		US	A
BY	12 Naver Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 [YES 2 NO	13. WAS DECENDENT OF HISP If yea, specify Cuban, Maxie 1 YES NO Specify	can, Puarto Rican, etc.)	Yes or No— 14. RACE — American Indian, Black, White, etc. Specify: White	
COMPLETED	15. DECEDENT'S EDU	ICATION	18a. DECEDENT'S	USUAL OCCUPATION	16b. KIND OF BI	USINESS/INDUSTRY	
Ш	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of w	ork done during most of working a retired.)		5011120011110001111	
MP	12th.Grade		Mach:	inist	Line	n Threa	d
00	17. FATHER'S NAME (First, Middle, Last)			18 MOTHER'S N	IAME (First, Middle, Maide	n Surname)	
BE	Raymond	M. I	Harnsberge		stina		wein
10	19a. INFORMANT'S NAME (Type/Print)			ADDRESS (Street end Number or Rura			
	Mrs.Bertha E.G	erus		Ryan Rd.Glen	Burnie,	Md.2106	1
	20a. METHOD OF DISPOSITION TO Burlel 2 Cremation 3 Rem	ioval from Stata	20b. PLACE AND DATE Of cemetery, crematory or off	ner place)	1	OCATION — City or	
	4 Donation 5 Quber (Specify)	CENSEE	Loudon	Park Cemeter	-	alto.Mo	•
	. //	1 - /	7/	22. NAME AND ADDRESS OF F	Ва	lto.Md	.21230
19	23. PART I. Entar the diseases, or	0.7/	anlos	McCully Fun	neral Hom	ne.130 1	E.Fort Ave.
CERTIFICATION	ahock, or haart fallura. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in daath) LAST	DUE TO (OF			Disease		Interval Batwaan Onaat and Death
	DATE II ON THE RESERVE OF THE RESERV	u					
MEDICAL	PART II. Other aignificant condition	a contributing to de	ath but not reaulting in	the underlying cauae given Ir	1 Part I. 24a. WAS AT PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
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SC	EXAMINER? 1X XYES 2 NO	HOSPITAL:		28. PLACE OF DEATH (C.			
PHYSICIAN:	27. MANNER OF DEATH	26a. DATE OF INJ		4 Nursing Home S Realdence OF 28c. INJURY AT			
BY	1 Natural 5 Pending 2 Accident Investigation	(Month, Day,	Year) INJU	M 1 YES 2 NO	Found in	e how injury occured by sister	
ETED	3 Suicide 8 Could not be 4 Homicide detarmined	micide determined building, atc. (Specify) home, Itving reem Baltimore, had Berney St					Berney St
COMPL	29a. CERTIFIER 1 CERTIFYING PHYSI (Check only one) X X MEDICAL EXAMINE	CIAN: To the best of my R: On the basis of exam	knowledga, death occurred institution and/or investigation	at the time, date and place, and du , in my opinion, dasth occured at the	a to the cause(a) and ma a time, data and place, as	nner se stated.	(a) and mannar as stated.
BE 0	296. SIGNATUME AND TITLE OF CERTIFIES			29c. LICENSE NU			D (Month, Day, Year)
TO B	denn's	· Churt	Jun 1	OCI	ME	11	20 1991
-	30. NAME AND ADDRESS OF PER WH	O COMPLETED CAUSE O	OF DEATH (ITEM 27) (Type, I	Print)			21201
				STREET	BALTIMO	ORE, MAR	YLAND
	31. DATE FILED (Month, Day, Year) NOV 25 1991	32. REGISTRAR'S	SIGNATURE				

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BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 cours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit pe filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunial, cremation, or removal.	IMPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	ecuted w	nd comp bunial, c	itic eve
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FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE O	DEATH	RE	EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D		METO	3. TIME OF DEATH
	John Hisley					MONTH 11	- 20 -	91	6:20 p.m.
OR	4. SOCIAL SECURITY NUMBER	5. SEX 8. A	GE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNOER 24 HRS.	7. DATE OF BI	BTH	6. BIRTI	HPLACE (State or Foreign
	212-05-2787	1 ∑ M 2 □ F	80 YRS.	MONTHS DAYS	HOURE MIN.	(Month, Day, 09–1			ryland
	99. FACILITY NAME (If not institution, give Edenwald Nursing			Towson	OR LOCATION OF DE	EATH		altii	more County
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNT	Υ		TY, TOWN OR LOC	ATION				10d. INSIDE CITY LIMITS?
	Maryland Balt	imore Count	y To	wson					1 TES 2 NO
BY FUNERAL	800 Southerly Re	oad Apt. 12	03		of. ZIP CODE 21.204			U.S.	• A •
	ti, MARITAL STATUS 1 Never Merried 2 A Merried 3 Widowed 4 Olvorced	12. WAS DECEOENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 NO	II yes,	CENDENT OF HISPAI specify Cuben, Mexica S 2 X NO Specif	n, Puerto Rican		14. RAC Bled Spec	E — American Indian, ck, White, etc. White
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of life. Do NOT u	WSUAL OCCUPA work done during i use retired.)	nost of working	Ва			+ Electric
MP		4 yrs.	Specia	1 audito	_		mpany		
8	17. FATHER'S NAME (First, Middle, Last)						, Maiden Surname)		
BE	John Hisley					Pearl			
2	19e. INFORMANT'S NAME (Type/Print)				t and Number or Rural				
	Hedwig M. Hisley					wson, M			04 Apt. 120
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Ren	noval from State	20b. PLACE OF DISPO			100 104	20c. LOCATION -		
	4 Donetion 5 Other (Specify)		Green Mou				Baltım	ore,	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Mitchell-Wiedefeld H me 6500 York Rd. Baltimore, Maryland 21212								
CERTIFICATION	23. PART i. Enter the diseases, or ehock, or heert fellure. IMMEDIATE CAUSE (Finei dieese or condition recuiting in deeth) Sequentielly liet conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events	a. Cardia DUE TO (OR DUE TO (OR C. Chres	Culm	Jan Loren Delin	low	Cal	u		Approximate Interval Between Onset end Deeth Luck 2 ym 2 1/2 ym.
MEDICAL	PART II. Other significant condition	d	th but not resulting	In the underly	ing ceuse given in		. Was an autops: Performed? Yes 2 — No	Y 24	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ZIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	110001741			PLACE OF OEATH (C	heck only one)			
SIC	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/	Outpatient 3 🗆 DOA	4 Huraing H	ome 5 🗆 Residence	6 🗆 Other (Sp	ecify)		
PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJU (Month, Day, Ye		NJURY	NJURY AT WORK? YES 2 NO	26d. DESCRI	BE HOW INJURY O	CCURED	
FED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)								
COMPLET	(Crieck Only	SICIAN: To the best of my I							e(e) end manner ee stated.
E	296. SIGNATURE AND TITLE OF CERTIFI	ER /			29c. LICENSE NU	MBER	29d. D	ATE SIGNE	ED (Month, Day, Year)
TO BE	30. NAME AND ADDRESS OF PERSON W	a f. he	E DEATH WYEN AT	no Briefi	1005	917	> /	Vor	. 21, 1991
	BERNALD	S. KANI		Ja. h	19,				
	31. PATE En en re-oth Day Mont	32. REGISTRAR'S	SIGNATURE	20. 2					

DHMH-16 Rev 1/89

DE VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	VSICIAN: The law requires that the death certificate be executed within a cours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should nit be State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	ed, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, F	TO THE HIER OF ATTENDING PHYSICIAN: The law requires that the death	TO THE FILE TO THE PROPERTY OF THIS CERTIFICATE has been signed by the attempt of the state Dept. of Health and Mental	IMPORTANT: If item 28 is marked, or item 23 shows any injury,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO.

FOR 1 - STATE REGISTRAR	STATE OF MARYL		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN REG. NO.	E		
	elle , Fulk	s Hildek	orand	2. DATE OF DEATH MONTH DATE NOV. 22	1991	6-P. M	
4. SDCIAL SECURITY NUMBER 219-28-2607 90. FACILITY NAME (If not institution,	1□ M 2 DF 81.	YRS. MONTH	DER 1 YEAR IF UNDER 24 HRS. 16 DAYS HOURS MIN.	7. DATE OF BIRTH (Month. Day, Year) , March 1 1	Cor		
	Joseph's Hospi		Towson		Balti		
10e. STATE 10b. CO			N OR LOCATION WSON	3310		10d. INSIDE CITY LIMITS? 1 YES 1 NO	
1 Oo. STREET AND NUMBER 1 Sr 11. MARITAL STATUS	meton Place #20	14	101. ZIP CODE 21204		10g. CITIZEN OF WHA		
11. MARITAL STATUS 1 Naver Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 _ YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDENT OF HISP/ If yes, specify Cuben, Mexic 1 — YES 2 NO Speci	an, Puerto Ricen, atc.)			
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Las	College (1-4 or 5+)	18e. DECEDENT'S USUAL (Give kind of work de life. Do NOT use retire Bookkeep	nee during most of working d.)	18b. KIND OF BUS	ıg	Y	
Edg	ar Fulks		Gertr	AME (First, Middle, Malden ude Elizabe	eth Wall		
199. INFORMANT'S NAME (Type/Print) E. Warren The			Paloma Dr.,				
20e. METHOD OF DISPOSITION 1 XBuriel 2 Cramation 3 4 Donetion 5 Other (Specify)	Removal from Stata	place and date of d cemetary, crematory or oth Orest Oak	ISPOSITION (Name er place) Cemetery	DATE 20c. LO			
21. SIGNATURE OF FUNESHIC SERVICE Party	4 Donostion 5 Other (Specify) Forest Oak Cemetery Gaithersburg, Md. 22. NAME AND ADDRESS OF FACILITY Lemmon-Mitchell-Wiedefeld 10 W. Padonia Rd., Timonium, Md. 21093						
23. PART I. Enter the dieeeses ehock, or heart feli iMMEDIATE CAUSE (Finel diseese or condition resulting in deeth) Sequentiely list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	Shower.	,	~	Approximate interval Betwee Onset end Deet Mr. c.l.	
PART II. Other eignificent cond	ditions contributing to deeth b					24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDIC EXAMINER?							
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investige	27. MANNER OF DEATH 286. DATE OF INJURY (Month, Day, Year) 286. DATE OF INJURY (Month, Day, Year) 286. TIME OF 28c. INJURY AT WORK? INJURY M 1 YES 2 NO 286. DATE OF INJURY (Month, Day, Year)						
4 Homicide datermin 29e. CERTIFIER (Check only)	building, stc. (Special building) building, stc. (Special building) building buildin	ledge, daeth occurred at to n end/or investigation, in	he time, date end place, end d	City or Town, State,	nner ee stated.		
30. NAME AND ADDRESS OF PERSO	ON WHO COMPLETED CAUSE OF DE		1000	391	> (1)	122191	
31. DATE FILED (Month, Day, Year) NOV25 199	HEGISTBAR'S SIGN	Andell .		13 4			

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BOX	
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RECORDS,	
OF VITAL	
DIVISION	

FRAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 may be retained by the hospital permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 Is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE O	F DEATH	REG. NO	O.	
į,	1. DECEDENT'S NAME (First, Middle, Lest)	TRUDE TONE	C			2. DATE OF DEATH MONTH	DAY D	YEAR 3. TIME OF DEATH
		TRUDE JONE				11 2	3 4	1 10°50 H
	A SOCIAL SECURITY NUMBER RATLE OAD # MA-769631	1 M 2 XX	92 YRS.	MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year) FEB. 28, 18	10000	B. BIRTHPLACE (State or Foreign Country) MARYLAND
_	9a. FACILITY NAME (If not institution, give :	street and number)		9b. CITY, TOW	N OR LOCATION OF			TY OF DEATH
DIRECTOR	MERCY HOSPIT	AL			BALTIMO	RE		
ត្ត	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Υ	100 00	Y, TOWN OR LO	2471041			
	MARYLAND		100, 011					10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER			BA	LTIMORE 101. ZIP CODE			1X YES 2 NO
FUNERAL	2612 COLE STREE	יוי						EN OF WHAT COUNTRY?
2	11. MARITAL STATUS	12. WAS DECEDENT EV	FR IN U.S. ARMED	12 140 0	21223	ANIC ORIGIN? (Specify Ye		S.A.
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 1	YES 2 NO	If yes,	specify Cuban, Mexic ES 2 X NO Spec	can, Puarto Rican, atc.)	os or No — 1	4. RACE — American Indian, Black, Whita, atc. Specify: WHITE
9	15. DECEDENT'S EDU	ICATION	16a. DECEDENT'S	USUAL OCCUPA	TION	16b. KIND OF BU	ISINESS (INDIII	etpv
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during	most of working	NOS. KIND OF BR	JOINE SS/INDO	SINI
	UNKNOWN		НОМЕМА	KER				
5	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	IAME (First, Middle, Maide	n Surname)	
B	JOHN H. KELLER					OR UMLOFE		
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		I Route Number, City or Tox	wn, State, Zip C	Code)
-	MARIE G. FOL	EY				ALTIMORE, N		
	20a. METHOD OF DISPOSITION 1 1 Burlal 2 Cremation 3 Ram	and down State	20b. PLACE AND DATE	OF DISPOSITION				ty or Town, State
	4 Donation 5 Other (Specify)		LORRAINE	ther place) PARK			OODLAW	
	21. SIGNATURE OF FUNERAL SERVICE LIN	CENGEE		22. NAME	AND ADDRESS OF F	ACILITY		
- 1	1-1///	_//				RAL HOME IN		
7	21 PART L Enter the disesses, or a mock, or heart fellurs.	complications that car	used the death. Do a	4107	WILKENS	AVENUE, BA	ALTIMO	RE, MD. 21229
CENTIFICATION	disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	b. STO DUE TO (OR ON O	AS A CONSEQUENCE OF AS A C	F):				
	PART II. Other aignificant condition	s contributing to deal	th but not reaulting	in the underly	ing cause given in	Part I. 24a. WAS AF	NAUTOPSY	24b. WERE AUTOPSY FINDINGS
WEDICAL						PERFO		AVAILABLE PRIDE TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
3	25. WAS CASE REFERRED TO MEDICAL			28.	PLACE OF DEATH (C	heck only one)		
5	EXAMINER?	HOSPITAL:	Outpatient 3 DOA	OTHER:		6 Other (Specify)		
THISICIAIN.	27. MANNER OF DEATH	28a. DATE OF INJU	RY 28b. TIM	E OF 28c. II	NJURY AT	28d. DESCRIBE HOW	INJURY OCCU	RED
	5 Pending Investigation	(Month, Day, Ye	91 53-	AM 1	YES 2 NO			
	S	building, etc. (URY — At home, farm, a Specify)	itreat, factory, of	Nea	281. LOCATION (Street City or Town, State	and Number or)	Rural Routa Number,
The state of the s		CIAN: To the best of my k						cause(a) and mannar as stated.
4	29b. SIGNATURE AND TITLE OF CERTIFIES	Brill	Jani		29c. LICENSE NU	IMBER	29d. DATE S	SIGNED (Month, Day, Year)
1	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	PEATH (ITEM 27) (Type,	Print)	Moran		,,,	2)4/
-	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S	GNATURE					
	NOV25 1991	in Buil	- Broke					





Approximata Interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIDR TO COMPLETION DF CAUSE OF DEATH?

FOR STATE REGISTRAR

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DIVISION OF VITAL RECORDS, P.O. BOX 68760	
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	1. DECEDENT'S NAME (First, Middle, Last)	ith Si	R.				2. DATE	OF DEATH	A 2	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 250-05-1056		AGE (In yrs. last		IF UNDER 1 YEAR		(Monti	OF BIRTH b, Day, Year)	110	BIRTHPLACE (State or Foreign Country) Careline	
OR	96. FACILITY NAME (If not institution, give Stella Maris Ho	street and number)			96. CITY, TOW TOWS	ON OR LOCATION OF E			9c. COUNTY		
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	TY			TOWN OR LO					10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNERAL I	100. STREET AND NUMBER 2720 EDMONDSON A	VENUE		1 DALE		101. ZIP CODE 21223		254		OF WHAT COUNTRY?	
DI TON	11. MARITAL STATUS 1 Naver Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1	YES 2 X N	MED	If yes	DECENDENT OF HISPA , specify Cuban, Mexic YES 2 NO Spec	en, Puerlo		or No.— 14.	RACE — American Indian, Black, White, etc. Specify: BLACK	
COMPLETED	I5. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5+)	(GI	lve kind of wo Do NOT use	retired.)	ATION most of working		CONSTR		TRY	
E COM	2ND 17. FATHER'S NAME (First, Middle, Lest) CEASAR KEITH			LAB0	KEK	18. MOTHER'S N	AME (First,				
2	190. INFORMANT'S NAME (Type/Print) EARTHA GREEN					et and Number or Rura ER Y AVE . / B/	i Route Num				
	20e, METHOD OF DISPOSITION 1 (X Burle) 2 Cremation 3 Removal from State 4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Creating Corporation Corpora										
CERTIFICATION	ahock, Dr haart failure IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST	a. M < TQ. S DUE TO (O		ADOUENCE OF	:	ca or	P'S	гота	ch	Interval Betw. Onset and De	
MEDICAL	PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 □ YES 2 NO								24b. WERE AUTOPSY FINDIN AMAILABLE PRIDE TO COMPLETION DF CAUS OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PLACE OF DEAT								
BY PHTS	1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	1 Inpatient 2 E	JURY	28b. TIME	4 Nursing Home 5 Recidence RE OF 28c. INJURY AT WORK? M 1 YES 2 NO			28d. DESCRIBE HOW INJURY OCCURED			
ED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF building, et	INJURY — At ho c. (Specify)	ome, ferm, at	reet, factory,	office	281. LOC City	CATION (Street a or Town, State)	and Number or	Rural Route Number,	
COMPLET											
114	29b. SIGNATURE AND TITLE OF CERTIFI	A	// whitehold white/or	Investigation	, in my opinic	on, death occured at the		e end piece, en			
TO BE		A. alex	Car	les	0		UMBER	e end piece, en	29d. DATE S	cause(a) and manner as state GIGNED (Month, Day, Year) 22-9/	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Carla S. Alexander, M.D.-Stella Maris Hospice-Dulaney Valley Rd.-Towson 21204

31. DATE FILED (Month, Day, Year)

DHMH-18 Rev 1/89

10-22-61 50 00-1600 Willie Keith SR. 350-05-10: X 81 to the second of the second

BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending physician.	ed in by the funeral director, page 5 should be detached for use as the burial-transit or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO.

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO.	15	
	1. DECEDENT'S NAME (First, Middle, Last) HELGA ANN	KLIMT				2. DATE OF DEATH	YEAR 91	3. TIME OF DEATH 9AM M
	215-68-0712	1 M 2 XX	(In yrs. lest birthday) 67 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11-5-24		
TOR	98. FACILITY NAME (# not institution, give street 916 Army Road RESIDENCE OF DECEMENT	et and number)		9b. CITY, TOWN C	OR LOCATION OF DE		9c. COUNTY OF B	EATH
DIRECTOR	10a. STATE 10b, COUNTY	timore		Y, TOWN OR LOCAT	TION			10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	CIMOLE		owson	, ZIP CODE			1 TES XXXXXX
FUNERAL	916 Army Road			101	21204		USA	WHAT COUNTRY?
BY FUI	11. MARITAL STATUS 1 Never Married 2 XXMarried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR DO	2.1.10	If yea, spi	ENDENT OF HISPAN ecify Cuban, Mexica XXXIO Specify	HC ORIGIN? (Specify Years, Puerto Ricen, etc.)	or No- 14. RACI Black Spec	E — American Indian, k, White, atc.
	15. DECEDENT'S EDUCA' (Specify only highest grade co	TION Impleted)	16a. DECEDENT'S	USUAL OCCUPATION ork done during mose retired.)	ON st of working	16b. KIND OF BUS	SINESS/INDUSTRY	White
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)		omemaker		N/A		
0	17. FATHER'S NAME (First, Middle, Last)			Olife Market		ME (First, Middle, Maiden		
	Ludwig Lorenz					Nadler	ourname)	
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a		Route Number, City or Town	State 7in Cadal	
5	Christian R. Klim	t				Maryland		
	20a. METHOD OF DISPOSITION 1 Burlel 2XXCremetion 3 Remove		PLACE AND DATE	OF DISPOSITION (Na.			CATION — City or To	wn, Stata
	4 Donation 5 Other (Specify)	- Gre	etary, cramatory or ocenmount	Cremato	ry	11/19 Balt	imore. M	arvland
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE NO NO		22. NAME AN	ID ADDRESS OF FAC	CILITY		
	Dennis Stephe	en Yenakic	M006/4	6500		tchell-Wie		
	23. PART I. Enter the diseasea, or cor	nplications that caused	the death. Do n	ot enter the mod	de of dving such	d Baltimor	e, Maryl	Approximate
	ahock, or heart failure. Lis iMMEDIATE CAUSE (Final diaeaae or condition reaulting in death)	nt only one cause on ea	ach line.			® THISH		Interval Between Onset and Death
		CONFLICATED	CONSEQUENCE OF	7):	vd 2015			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate		CONSEQUENCE OF		W & DIE	DWE)		
FICA	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa	DUE TO (OR AS A	CONSEQUENCE OF	D:				
ERTI	reaulting in death) LAST							
	PART II. Other aignificant conditions of	contributing to death be	ut not resulting i	n the underlying	cause given in I	Part I. 24e. WAS AN	AUTOPSY 24b.	WERE AUTOPSY FINDINGS
EDICAL	OLARGE, DEP INFEC	TED VICER	R) INGUI	MIL REGI	Wo	PERFORI	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Σ	THE HORY OF CLOA	CAGBUR CAR	CINONA	of RECTO	1985			1 TYES 2 TNO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PL	ACE OF DEATH (Che	ick only one)		
Sic		OSPITAL: Inpatient 2 ER/Outpo	itlant 3 🗆 DOA	OTHER:	5 Realdence	8 Other (Specify)		
	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI INJ	E OF 28c. INJU	PRY AT	28d. DESCRIBE HOW IN		
ВУ	2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE OF INJURY	- At home, farm, e		ES 2 NO	N/A		
TED	4 Homicide 6 Could not be datermined	building, atc. (Speci	ry)	man, ractory, office		28f. LOCATION (Street as City or Town, State)	na Number or Hural H	oute Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA 2 MEDICAL EXAMINER: (N: To the best of my knowled	edge, death occurre	d at the time, date	and place, and dua	to the cause(a) and mani	ner as stated.	and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM			
TO BE	Cherry 9 Hay	BEMD, ATTE	NDING P	HYSKIAN	A	208	29d. DATE SIGNED	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO C							
	31. DATE FILED (MONTH, Day, Year)	JLE, M.D.	7505 OS	LER DR	RIVE, T	OWSON, 1	MARYLA	VO 21204

en sinte		

- 4-25 (2.11) 2 24 25 27 27 27 28 28	

ained by the hospital or attending physician hould be detached for use as the burial-ransit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Pace 6 may be retained by the hos	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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6 тау	ctor, pa	nust b
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er death	the fune	і ехап
ours after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept, or Health and Mental Hygiene prior to burial, cremation, or removal.	nedica
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ENDIN	DR: After dea	S is m
DR ATT	DIRECTE OURS af	em 28
PITAL	ERAL C	THE
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1 - STATE REGISTRAR		OINIE OF I	MARYLAND C	DEPAR	ICATE	OF H	DEAT	AND I	MENTAL HYGI REG.				
1. DECEDENT'S NAME (F		GUY		KEN	1P				2. DATE OF DEAT	949	VEAD	3. TIME OF DEATH 9:20 A	
4. SOCIAL SECURITY NU 214 54 9	121	5. SEX 1 X M 2 F	8. AGE (In yrs. Ia	yrs.	IF UNDER	1 YEAR DAYE	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Yea 11-20-1	ir)	Country	LACE (State or Foreign	
94. FACILITY NAME (# 76) ROUTE 3,					96. CITY, DEN		R LOCATI	DN OF DE	ATH	1	ROLII	ATH	
ROUTE 3, RESIDENCE OF D 10a. STATE Maryland	10b. COUNT			10c. CIT	Y, TOWN O	R LOCAT	ION					10d. INSIDE CITY	
Maryland		coline			nton							LIMITS?	
Route 3	Box 88	3E				101.	ZIP CODE				S.A.	HAT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 D	X Married	12. WAS DECEDEN	YES 2 X	RMED NO	1	yes, spe	ENDENT C	F HISPAN	IC ORIGIN? (Specify n, Puarlo Rican, afc.	Yas or No-	14. RACE	- American Indian, White, atc.	
15. D (Specify: Elementary/Secondary 17. FATHER'S NAME (First.	ECEDENT'S EDU only highest grade (0-12)	CATION completed) College (1-4 or 5	·) ((ECEDENT'S Give kind of vise. Do NOT us	vork done d se retired.)	CCUPATIO	DN st of workin	g		ausiness/in			
		20		condi.	10				AE (First, Middle, Mai	-	MEHIC		
19a. INFORMANT'S NAME		George C.	-	b. MAILING	ADDRESS	(Street a		Bern	oute Number, City or	Tour State 7	75 Code		
Colleen K	emp				Dol							and 21061	
20a. METHOD OF DISPOS 1 1 St Burlal 2 ☐ Crema 4 ☐ Donation 5 ☐ Ott	tion 3 - Ram	oval from Stata							DATE 20c. LOCATION — City or Town, State 11-22 Baltimore, Maryland				
St. SIGNATURE OF FUNE		CENSEE 2	Ceda	r Hll	22. F	eorg	D ADDRES	Gor	Hwy. Bal	al Ho	me P.	Α.	
immediate cause (i disease or condition resulting in death) Sequentially list cond if any, leading to imm ceuse. Entar UNDERL CAUSE (Disease or in that initiated events resulting in death) La	litiona, lediete YING jury	b. DUE TO	(OR AS A CONSE	OUENCE OF	j: j:	20	5 (Che	25 +			Onset end Dea	
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EXAMINER?		HOSPITAL:	ER/Outpatient 3	DOA	OTHER 4 Nursi		**		Other (Specify)				
27. MANNER DF DEATH 1 Netural 5 2 Accident	Pending	28a. DATE DF (Month, De	ly. Year)	28b. TIMI	JRY	28c, INJU WOF	RK?		28d. DESCRIBE HO				
2 Accident	Investigation Could not be	11/19/ 28a. PLACE OF	91 FINJURY — At ho	8:50			ES 2	KNO	SUBJECT SHOT SELF 261. LOCATION (Street and Number or Rural Route Number.				
4 Homicide	determined	building,	ntc. (Specify)	HOME					City or Town, St	3, BOX		· ·	
	TIFYING PHYSIC	CIAN: To the best of	my knowledga, da amination and/or	ath occurre	d at the tir	ne, data a	and place,	and dua t	o the cause(s) and	manner as sta	nted.		
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(Check only	DICAL EXAMINE		4 /				29c. LICE	NSE NUM	O.C.M.E.				
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(Check only 2 ME One) 2 ME THURST WE AND TITE 30. NAME AND ADDRESS	LE OF CERTIFIEF	COMPLETED CAUS	and				0.0	С.М.		▶ 1	1/20	fonth, Day, Year)	

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after de-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fu	be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	INSTRUMENTAL IN THE PARTY OF TH
	0	0	9	20.00
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1. DECEDENT'S NAME (Fine BARBARA									2. DAT	E OF DEATH	DAY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUN	MBER	5. SEX	6. AGE	(In yrs. last birtho		R 1 YEAR		ER 24 HRS.		E OF BIRTH	22	91 8. BIRT	THPLACE (State or Foreign
213-30-6708		1 M 2 F	5	6 YR	S. MONTHS	DAYS	HOURS	MIN.		ith, Day, Year,		Cou	SACHUSETTS
9e. FACILITY NAME (# not								TION OF D			-	UNTY OF	
ST. AGNES HOSPITAL BALTIMORE													
ST. AGNES HOSPITAL RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MARYLAND BALTIMORE 10c. CITY, TOWN OR LOCATION RAI TIMORE										10d. tNSIDE CITY			
MAKYLAND 100. STREET AND NUMBER	B				B	BALTI					T		1X YES 2 NO
2908 RAYS	SHIRE F	ROAD				1	1. ZIP COI 2123	0				S.A	WHAT COUNTRY?
11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1	IT EVER II	N U.S. ARMED	13.					IN? (Specify		14. RA	CE — American Indian.
1 Never Merried 2 2 3 X Widowed 4 Div		IF YES, GIVE W						Sen, Mexica Specif		Ricen, etc.)		Bla	ick, White, etc.
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(Specify or Elementery/Secondary	(0-12)	College (1-4 or 5	+)	(Give kind	of work done IT use retired.)	durina ma	ost of work	dng	10	b. KIND OF	PUSINESS/IF	NOUSTRY	
12TH				PRINT	ED CIF	RCUIT	r			WEST	INGHO	USE	
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19e. INFORMANT'S NAME	MURPHY	(405 444				LMA (
JOANNE BAH					OLD S								1061
20e. METHOD OF DISPOSIT	TION		20b	. PLACEAND DA	TE OF DISPOS	SITION (Na		,					
1 Neurial 2 Cremetton 3 Ramoval from Stata 4 Donation 5 Other (Specify) DATE 20c. LOCATION — City or Town, Stata LOUDON PARK CEMETERY 1 / 25 BALTIMORE													
21. SIGNATURE OF FUNERAL SERVICE LICENSES THAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME INC.													
4107 WILKENS AVENUE BALTIMORE, MD. 21229										OME T	NC		
THE RESERVE THE PROPERTY OF THE PARTY OF THE	indice immunity	see only one cau	nee on es	eco ime.	HI 4]	107 V	WILK ode of d	UNERA ENS A	AL H AVEN	UE, BA	LTIMO spiratory a	rrest,	Approximate interval Batwas
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28 Item

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29b. SIGNATURE AND TITLE OF CERTIFIER

KAI 31. DATE FILED (Month, Day, Year)

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

pd, re

32. REGISTRAR'S SIGNATURE

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THE HOSPITAL (
THE FUNERAL E IMPORTANT: If

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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1991 YEAR Nov. 22, Julia (nmi) Kovach 0120 a.M 7. OATE OF BIRTH (Month, Day, Year) 06/28/24 4. SOCIAL SECURITY NUMBER 5 SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. a. BIRTHPLACE (State or Foreign DAYS HOURS MONTHS MIN. 191-16-1965 67 YRS. New Jersey 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 5100 Durham Road West DIRECTOR Columbia Howard County RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10e. STATE 10b. COUNT 10d. INSIDE CITY LIMITS? PA Philadelphia County Philadelphia 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 2827 Longshore Avenue 19149 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuben, Moxican, Puerto Ricen, atc.)

1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Merried 2 Merried Specify: BY 3 Widowed 4 Divorced White no COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION 16h, KIND OF BUSINESS/INDUSTRY (Specify only highest (Give kind of work done life. Do NOT use retired.) st of working Elementary/Secondary (0-12) de College (1-4 pr 5+) Ward Clerk Cancer Cntr 18. MOTHER'S NAME (First, Middle, Maiden Surname) 17. FATHER'S NAME (First, Middle Last) Augustino Savelli BE Julia Ginetti 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Ms. Geraldine C. Powers 5100 Durham Road West Columbia MD 21044 20e. METHOD OF DISPOSITION
1 ☐ Burlel 2 ☒ Cremetion 3 ☐ Removal from State 20b. PLACE AND DATE OF OISPOSITION (Name 20c. LOCATION - City or Town, State OATE 4 Donetlon 5 Other (Specify) Balto.-Wash. Crematory Laurel, MD 21, SIGNATURE, OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Slack Funeral Home 3871 Old Columbia Pike Ellicott City, Md. M00535 23. PART I. Enter the diseases, or complicatione that ceueed the death. Do not enter the mode of dying, such as cardiac or reepiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between Onset end Death IMMEDIATE CAUSE (Final disease or condition 2 gu Amous fruch reaulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, QUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury OUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in deeth) LAST PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24e. WAS AN AUTOPSY MEDICAL 1 TYES 2 T NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 28e. OATE OF INJURY 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCUREO 28b. TIME OF INJURY 5 Pending м 1 YES 2 NO BY Investigation 2 Accident 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Sulcide 8 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(a) and menner ea stated. 2 🗂 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner se stated.

29c. LICENSE NUMBER

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29d. OATE SIGNEO (Month. Day, Year)

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pe must examiner medicai the event. traumatic other 0 shows any injury. s certificate has been so the State Dept. of Hi of, or item 23 show OIRECTOR: After this cer hours after death with th item 28 is marked, of TO THE HOSPITAL OR ATT TO THE FUNERAL OIRECT See filed within 72 hours at a MPORTANT. If Item 2

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF OFATH 3. TIME OF DEATH II 199^{YEAR} Myra G. Gray Knox 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 218-44-8564 44 MONTHS DAYS HOURS 4-23-1947 1 M 2 X F YRS Md 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 2625 Loyola Southway DIRECTOR Baltimore RESIDENCE OF DECEDENT toe. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Md Baltimore t X YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? 2625 Loyola Southway USA 21215 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or Noif yee, specify Cuben, Mexicen, Puerto Ricen, etc.)
1 YES 2 NO Specify: t4. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merrie BY 3 Widowed 4 Divorced B1ack ETED. 15. DECEDENT'S EDUCATION (Specify only highest grade comple 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY Elementery/Secondery (0-12) College (1-4 or 5+) COMPL 2 Yrs 17. FATHER'S NAME (First, Middle, Last) te. MOTHER'S NAME (First, Middle, Maiden Sumame) Morrison E. Gray Daisy Jackson 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Vailes Knox 2625 Loyola Southway Baltimore, Md 21215 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE netery, crematory Avebutus Memorial Park 112791 4 ☐ Donetion 5 ☐ Other (Specify) Arbutus, Md 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY March F/H West Karen Mara 4300 Wabash Avenue 23. PART I. Enter the diseases, or complications that ceused the ahock, or heart failure. List only one ceuse on each lim with. Do not enter the mode of dying, euch ee cerdiac or respiratory erreet, Approximate Interval Between **IMMEDIATE CAUSE (Fine)** Oneet and Death disease or condition resulting in death) Metastatic 1/2 DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24e. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO T YES 2 NO COMPLETION DF CAUSE 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Reeldence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending М 1 YES 2 NO BY Accident Investigation 3 Suicide 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 6 Could not be 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide determined 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end menner ee stated. MEDICAL EXAMINER: On the beele of exemination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the ceuse(e) end menner ee stated. 296. SIGNATURE AND TITLE OF CERTIFIER

29c. LICENSE NUMBER

Hd. Cancer Cfr, 22 S. Græne St

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DIVISION OF VITAL

HOSPITAL OR ATTENDING PHYSICIAN:

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31. DATE FILED (Month, Day, Year)

NOV25

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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22. REGISTRAR'S SIGNATURE

29d. DATE SIGNED (Month, Day, Year)

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TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

40SPTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burishment arms is possed to 2 should	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	rfANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,
TO THE HOSPIT	TO THE FUNERA	be filed within 7.	IMPORTANT: I

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	S	TATE OF MAR			MENT OF		MENT	AL HYGIEN			
	KELLEY							TE OF DEATH	91	/EAR	3. TIME OF DEATH 09 45 am M
4. SOCIAL SECURITY NUMBER 218 05 5892 90. FACILITY NAME (If not insti	1 (XM 2 🗆 F	GE (In yrs. les	YRS.	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	11100	13 191	6	Count	PLACE (State or Foreign NNSYLVANIA
GREATER BALT	IMORE M		ENTER	9	TOWS	ON LOCATION OF I	DEATH		BALTI		
MD	BALTIM	ORE CITY			TIMORE	TION					10d. INSIDE CITY LIMITS? JE YES 2 NO
1700 MERIDEN						21239				N OF V	VHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 X M 3 Wildowed 4 Divorce	arried	WAS DECEDENT EVE FORCES? 1 1 Y IF YES, GIVE WAR OF	ES 2 N R DATES	MED IO	If yes, sp	ecity Cuben, Mexic 2 NO Spec	en, Puen	NN? (Specify Yes o Ricen, atc.)	or No—	Speci	American Indian, c, White, etc.
15. DECED (Specify only In Elementery/Secondery (0-12	ENT'S EDUCATIO ighest grade comp	N leted) llege (1-4 or 5+)	(G/	Do NOT use n		ON ost of working		C, Ty			enT
17. FATHER'S NAME (First, Midd		Kelle	Y	CLE	RK	18. MOTHER'S N	AME (First	, Middle, Maiden	Surname)		
190. INFORMANT'S NAME (Types RONALD		/	· · · · · · · · · · · · · · · · · · ·	MAILING AD	TWIN	and Number or Rural		mber, City or Tow			21061 MD.
20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 4 Donetion 5 Other (Se	3 Removal t	rom State	cemetery, crer	MD DATEOF I matory or othar RISON	placel Conce	oma of ST Veteran	1	TE 20c. LO	CATION - CIT	or To	wn, State
21. SIGNATURE OF FUNERAL S	Wie	la More	2		De11	NO ADDRESS OF F	S 6 N .				MD.
23. PART I. Enter the dise shock, or hee IMMEDIATE CAUSE (Final disease or condition resulting in death)	eses, or comp rt failure. List o	Cauce OUE TO (OR A	e1 0	of the					ratory arres	t,	Approximate Interval Between Oneet and Death
Sequentielly liet condition if eny, leading to immedia ceuse. Enter UNDERLYING	te	DUE TO (OR A									
CAUSE (Disease or Injury that initiated evente resulting in death) LAST	d	DUE TO (OR A	S A CONSEO	UENCE OF):							
PART II. Other eignificant	conditions cor	ntributing to deeth	but not re	esuiting in t	he underlyin	j cause given in	Pert I.	24a. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIDR TO COMPLETION OF CAUSE DF DEATH?
											t YES 2 NO
25. WAS CASE REFERRED TO MEXAMINER? 1 YES 2 NO	HO 1	SPITAL:			THER:	ACE OF DEATH (Cr					
- Labordoni	eding estigation	28e. DATE OF INJUR (Month, Day, Year	r)	28b. TIME O	M 1 1	RK? 'ES 2 NO	28d. DE	SCRIBE HOW I	JURY OCCUR	ED	
4 Homicide date	benime	28e. PLACE OF INJU building, etc. (S	рвспу)				City	CATION (Street a r or Town, State)		Rural Ad	oute Number,
(Check only	EXAMINER: On	To the beet of my known the beete of exeminar	owledge, dea	th occurred a	t the time, date n my opinion, d	end place, end due	to the ce	e end piece, end	ner ee stated.	Puse(e)	end menner ee atated.
29b. SIGNATURE AND TITLE OF	A Q	lexan	de	NO		D270	MBER 187		29d. DATE SI	GNED /	(Month, Day, Year)
30. NAME AND ADDRESS OF PE	ALEX	AND&	DEATH (ITEM	27) (Type, Pris	tella	mari	sH	ospic	e 23	00	Dulaney
NOV 2 5	991	THE GIST RAPITATION	SWAP Joind	ell.					Val	le	y Rd

Carla A Clerkanders D27087 11/24/91 21204

er death, Page 6 may be retained by the hospital or attending physician.	he funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ral.	i examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Its after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

. DECEDENT'S NAME (First, Mide	idle, Last)										OF DEATH					
		ADIIOOD								2. DATE		DAY	YEAR	3, TIME C	OF DEATH	
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ie. FACILITY NAME (if not institute		21	73		1710.	Oh CITY	V TOWN /	OR LOCATE	ON OF D		CH 11		INTY OF C	EW YO	RK	
ST. AGNES HO						90, CIT	.,			CAIN		96. 60	JNIY OF L	CAIN		
RESIDENCE OF DECED		L	-				DF	ALTIM	UKE							_
	b. COUNTY				10c. CITY	, TOWN	OR LOCAT	TION						10d. INSII	DE CITY	
MARYLAND					I	BALT	IMOF	RE							2 N)
0e, STREET AND NUMBER							10	f. ZIP COD				10g. Ct	TIZEN OF	WHAT COU	NTRY?	
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Widowed 4 🛛 Divorced		IF YES, GIVE V	WAR OR DAT	TES			1 YES	2 📉 NO	Speci	fy:			Spec	WHI	ГE	
15. DECEDER				18e. OECI	EDENT'S U	USUAL O	CCUPATION	ON		16	b. KIND OF	BUSINESS/IN	IDUSTRY	******		_
(Specify only high		College (1-4 or 5		(Give	kind of w	ork done e retired.)	during mo	ost of working	ng							
12TH			"	CREI	DIT A	ADJU	STEF	}		I	DEPAR	TMENT	STOR	RE		
7. FATHER'S NAME (First, Middle,	, Last)							18. MOT	HER'S N	AME (First,	Middle, Maid	ien Sumame)				
MICHAEL ZI	MMER							THE	RESA	A RE	LTER					
9e. INFORMANT'S NAME (Type/F	Print)			19b.	MAILING	ADDRES	S (Street	end Number	or Rural	Route Nun	nber, City or	Town, State, 2	ip Code)			
RICHARD POWE	LL			10)110	GRE	EN C	CLOVE	R DI	R., I	ELLIC	OTT C	TY,	MD.	21042	2
De. METHOD OF DISPOSITION Burlet 2 X Cremetion 3	3 🗆 Remov	at from State		other plac	0)			metery, crer	natory or		20c.	LOCATION -	- City or T	own, State		
☐ Donetion 5 ☐ Other (Spe	ecify)		_ ME	ETRO-	-CRE]	BALTIN	10RE			
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NOVER 1991 SCHOOL STANKE

STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

216-24-3969

RESIDENCE OF DECEDENT

10b. COUNTY

1 -

DIRECTOR

FUNERAL

BY

ETED

COMPL

BE

2

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

0

29 BE

10e STATE

MD.

11. MARITAL STATUS,

1 Never Married

10e. STREET AND NUMBER

3 Widowed 4 Divorced

Elamentary/Secondary (0-12)

17. FATHER'S NAME (First, Middle, Last)

19e. INFORMANT'S NAME (Type/Print)

4 Donetion 5 Other (Specify)

IMMEDIATE CAUSE (Final

disease or condition

Sequentially list conditions.

if any, laading to immediata

reaulting in death)

1 Natural 2 Accident

3 Suicide

4 Homicid

CHARLES WHEELER

Pages 1, 2, 3

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0	minus buyonitan. The law requires that the death certificate he executed within 2s hours after
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Ö	the
OR	that
REC	roquiros
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OF	PUVCIO
ON	Childia

bunal-transit permit. the hospital or attending physician. the 88 use page 5 should be detached for Once. Ħ Page 6 may be retained by notified pe must director, examiner funeral death. I in by the for medicai 0 filled the completely event, n and com to burial, traumatic injury, or other been signed by the shows any Dept. Item certificate h 6 the marked, this c After 1 death -00 OR ATTEND DIRECTOR: / 28 Item 2 FUNERAL D = TO THE HOSPITA
TO THE FUNERAL
De filed within 72
IMPORTANT: II

DOROTHY 9 15096308 なる STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2. DATE OF DEATH 3. TIME OF DEATH 10:45PM NOV. 23, DOROTHY C. LANGSTON 1991 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8 BIRTHPI ACE (State or Foreign MONTHS DAYS HOURS 1 M XXF 88 VDC JUN.10,1903 ENGLAND 9a, FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b CITY TOWN OR LOCATION OF DEATH GOOD SAMARITAN HOSPITAL BALTIMORE, CITY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTIMORE, CITY 1X YES 2 NO 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5607 GOVANE AVE. 21212 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-lif yes, specify Cuban, Maxican, Puarto Rican, atc.) 1 YES Y NO Specify: 14. RACE — American Indien, Black, White, etc. Specify: WHITE IF YES, GIVE WAR OR DATES 16a. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EQUCATION (Specify only highest grade complete 18b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired Collage (1-4 or 5+) HOUSEWIFE OWN HOME 18. MOTHER'S NAME (First, Middle, Maiden Surname) ROSALAND 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) WILLIAM S. LANGSTON 5607 GOVANE AVE. BALTIMORE, MD. 21212 20a. METHON OF DISPOSITION
1 ☐ Burlel 2 1 Cremetion 3 ☐ Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name DATE 20c. LOCATION - City or Town, Stata GREEN MT. CREMATORY /29 BALTIMORE, MD.21202 21 SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 4905 YORK ROAD 21212 HENRY W. JENKINS AND SONS. BALTO, MD. 23. PART i. Enter the diseases, or compileations that caused the death. not anter the mode of dying, such as cardiac or respiratory screat, Approximata ahock, or haart fallure. List only one cause on each line. intervai Batwaen **Onset and Daath** PREVMONIA ASPIR A OUE TO (OR AS A CONSEQUENCE OF): H DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF): 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 TES 2 NO OF DEATH? 1 TES 2 NO 26. PLACE OF DEATH (Check only one)

cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 25. WAS CASE REFERRED TO MEDICAL HOSPITAL:
1 X Inpatiant 2 - ER/Outpatient 3 - DOA OTHER: 1 TES 2 NO ng Homa 5 🗆 Residence 8 🗀 Other (Specify) 27. MANNER OF

5 Pending Investigation	(Month, Day, Year)	286. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED
8 Could not be determined	28a. PLACE OF INJURY — A building, atc. (Specify)	it home, farm, street, fee	ctory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)
1 CERTIFYING PHYSICIA	N: To the best of my knowledge	, death occurred at the	time, date end place, end du	sa fo fhe cause(s) and manner as stated.

29a, CERTIFIER

2 [MEDICAL EXAMINER: On the beals of examination and/	or investigation, in my opinion,	death occured at the fime	, data and place, and due t	o the cause(s) and manner as stated.

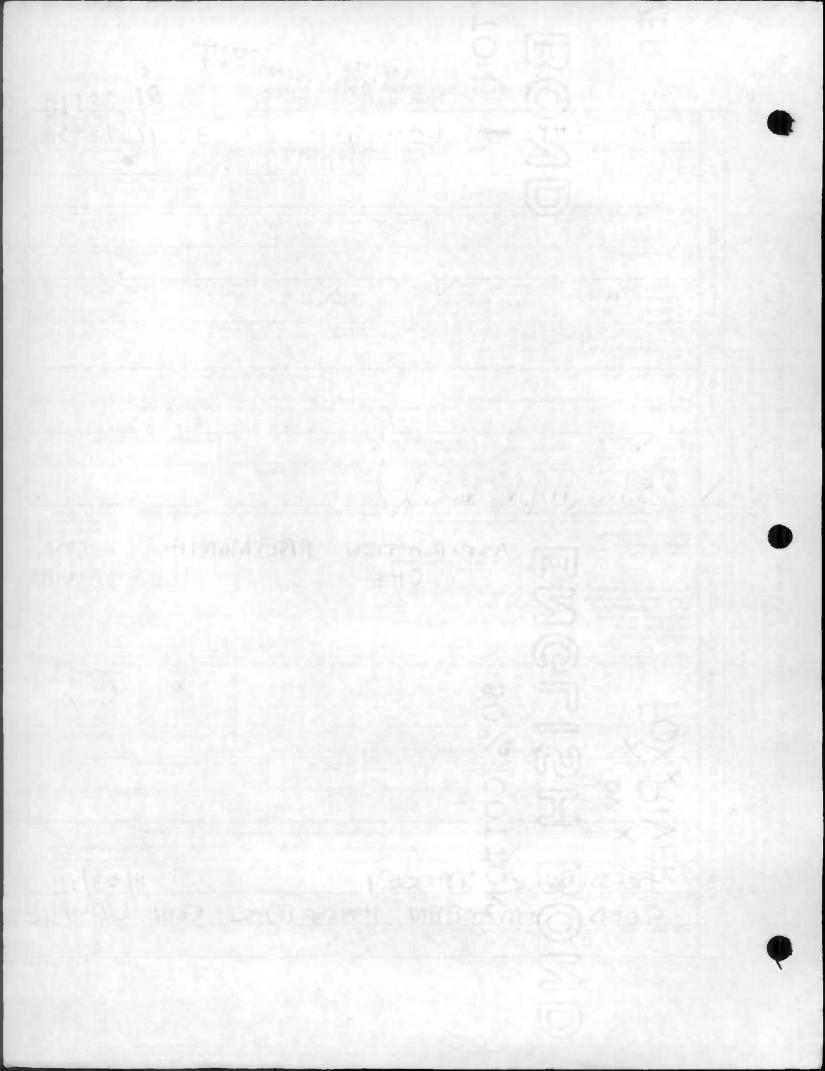
		AND THE PERSON	
SIGNATURE AND TITLE OF CERTIFIER FREDERICAL	TACKEY	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pri 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

Pandett.

5601

DHMH-18 Ray 1/89



1146, BALTIMORE, MARYLAND 21203-3146	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Amounts after death. Page 6 may be retained by the hospital or attending physics	TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
O. BOX 13	certificate be exe	ding physician an lygiene prior to b	other trauma
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	ires that the death	signed by the atten Health and Mental F	ws any injury, or
VITAL RE	JAN: The law requ	rtificate has been he State Dept. of	or item 23 sho
SION OF	ENDING PHYSIC	OR: After this ce	Is marked,
DIVIS	THE HOSPITAL OR ATT	O THE FUNERAL OIRECTO	MPORTANT: It item 28

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - FOR STATE OF MARYLAI REGISTRAR	D / DEPAR					MENTAL	HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) Louise T. Leimkuhler						2. DATE (of DEATH		AR	6:00 A M	
	4. SOCIAL SECURITY NUMBER 212-01-8081 5. SEX 1 □ M 2 X F 9	yrs. last birthday) YRS.	IF UNDER	1 YEAR	IF UNDER	24 HRS. MIN.	7. DATE (Month,	Pay. (9ar) 8/189	9	Ountry)	eryland	
OR	99. FACILITY NAME (If not institution, give street and number) Saint Joseph's Nursing Home	е			r LOCATIO		9c. COUNTY OF DEATH Baltimore					
FUNERAL DIRECTOR	100. STATE 100. COUNTY Maryland Prince George's		aure		ION						. INSIDE CITY LIMITS? YES 2 NO	
RAL	100. STREET AND NUMBER 711 Park Avenue #11			10f.	ZIP CODE			110			COUNTRY?	
BY FUNE	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN L FORCES? 1 YES, GIVE WAR OR DATE		f yes, spe	ENDENT O	F HISPAN	n, Puerto R	? (Specify Yee loan, etc.)		Specific	American Indian, lite, etc. White		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4 or 5+)	6e. DECEDENT'S (Give kind of life, Do NOT u	work done	during mo			16b.	KIND OF BUS	INESS/INDUST	RY		
BE COM	17. FATHER'S NAME (First, Middle, Last) Joseph Kimmel				18. MOTH	ROS		ilddle, Melden S ilder	Surname) WE	LLE	R	
TO E	Saint Joseph's Nursing Home	1222	Tug	gwel	l Di	rive		Catons	, State, Zip Coo VIIIe ,	MD	21228	
	21. SIGNAYORD OF FUNERAL SERVICE LICENSEE	PLACE OF DISPO	777. 22. D	NAME AND	RAL D J	SS OF FAM	DEE	BER	SON	AV	, כמ	
CERTIFICATION	23. PART I. Enter the diesesses, of complications that ceuced the deeth. Do not enter the mode of dying, such as cerdiec or respiratory erreet, enter the diesesses, of complications that ceuced the deeth. Do not enter the mode of dying, such as cerdiec or respiratory erreet, interval Between Onset end Death of the control of the ceuch of the											
PHYSICIAN: MEDICAL CER	PART II. Other eignificant conditions contributing to death but	not restling	In althous	Mertyin	g ceuee (given in	Part I.	24a, WAS AN PERFOR	MED?	CO OF	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO	
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		OTHE	B			eck only on					
	1 VES 2 NO 1 Inpatient 2 ER/Outpet 27. MANNER OF DEATH 1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation	28b. TII		26c. INJ WC	URY AT		6 Other		JURY OCCUR	ED		
ETED BY	2 Accident investigation 3 Suicide 6 Could not be determined 4 Homicide determined	At home, ferm,	atreat, lec	, lectory, office 28f. LOCATION				ATION (Street a or Town, State)	ION (Street and Number or Rural Route Number, Town, State)			
COMPLE	29e. CERTIFIER (Check only one) 1 MEDICAL EXAMINER: On the best of my knowle one)									8u2e(e) 8n	d menner as stated.	
TO BE C	29b. SIGNATURE AND TYPLE OF CENTIFIER	ag /	ME	2	29c. LIC	O L	MBER	73	≥ No	V;	23, 1991	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE/OF DEAT 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNAL	MD	6, Print) 44	30	om	mo	n) w	15141	CHAL	E.	Bill Mo.	
	NOV 2 5 1991 Julia De	Adres Ro	ndall-									

aller our to Cal son G. De 130 Jackson Higher Alle Do 6893 How 23, 1911 D. Werson Making Mile 413 Commonwanter Profession TO THE HOSPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF H	EALTH AND	MENTAL HYGIEN		02120				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH				
	Russell M.	Lambdin,	Sr.			11-23-1		EAR M				
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)				
	216-03-4045	1 M 2 □ F 7'	/ YRS.	MINS	HOURS MIN,	12-1-19		Maryland				
α	9e. FACILITY NAME (If not Institution, give		96		R LOCATION OF D	DEATH	9c. COUNTY	OF DEATH				
DIRECTOR	2908 Emerald			Balt	imore		Balt	imore				
R	10e. STATE 10b. COUNT		10c. CITY, T	OWN OR LOCAT	ION			10d. INSIDE CITY				
		timore	Balt	timore				1 YES 2 NO				
FUNERAL	100. STREET AND NUMBER	D 1		101	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?				
N	2908 Emerald				21234			U.S.A.				
	1 Never Merried 2 Merried	12. WAS DECEDENT EVER I	2 NO	If yes, spe	cify Cubsn. Mexic	NIC ORIGIN? (Specity Year, Puerto Ricen, etc.)	s or No- 14.	RACE — American Indian, Black, White, etc.				
ВУ	3 Widowed 4 Divorced	WWII	DATES	1 TYES	2 XNO Speci	ify:		Specify:				
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	ICATION	18e. DECEDENT'S US	UAL OCCUPATION	N	16b. KIND OF BU	SINESS/INDUS	White				
E	Elementery/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mo: tired.)	st of working							
MP	7th		Securit	У		U.S	S. Gove	ernment				
00	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Maiden						
BE	Irvin Lambdi	.n				rrie Cha						
2	190. INFORMANT'S NAME (Type/Print) MRS. Lois E. I	ambdin	19b. MAILING AD	DRESS (Street er	nd Number or Rural	Route Number, City or Tow	n, Stete, Zip Co	de)				
	20e. METHOD OF DISPOSITION					Balto., N						
	1 Buriel 2 Cremetion 3 Aem	oval from State 20t	p. PLACE AND DATE OF D netery, crematory or other	ISPOSITION (Nai	me of	DATE 20c. LO	CATION — City	or Town, State				
	4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIG	CENSEE	Parkwood	Cemet	ery D ADDRESS OF FA	Ba	alto.	Md.				
		.//.				iller Fur	neral	Home				
- 4	Coay) 1	Viskimon		752	7 II ====	T LCT Land	S = 2 1 .	247 01004				
	23. PART . Enter the disesses, or ahock or heart failure.	complications that csused List only one csuse on e	d the desth. Do not sch line.	enter the mod	de of dyling, suc	ch as cardisc or respi	ratory arrest	Approximate Interval Between				
	IMMEDIATE CAUSE (Final											
	disease or condition resulting in desth) s. Pole Cythene See Myelefelroes &. DUE TO (OR AS A CONSEQUENCE OF):											
	DUE TO (OR AS A CONSEQUENCE OF):											
0	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
CAT	csuse. Enter UNDERLYING											
E	CAUSE (Disesse or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):									
CERTIFICATION	resulting in desth) LAST	d										
	PART II. Other significant condition	as contributing to death b	ut not resulting in ti	ne underlylna	Cause alvan In	Post I Or uno au						
CA	1.547 2		0		400	Part I. 24e. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
9	,450,40	1	· heart	Jan	lur	1 YES 2	□ NO	OF DEATH?				
2								1 TYES 2 NO				
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL			28. PL/	ACE OF DEATH (Ch	teck anth one)						
SIC	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outp		THER:		8 Other (Specify)						
Ť	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME OF	28c, INJU		28d. DESCRIBE HOW II	NJURY OCCUR	FD				
ВУ Б	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Yeer)	INJURY		IK? ES 2 NO							
- 1	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Spec	- At home, farm, stree	t, tectory, office		28t. LOCATION (Street a	nd Number or F	lural Route Number,				
	4 Homicide determined		,			City or Town, State)						
P	29e. CERTIFIER (Check only	CIAN: To the beat of my knowl	ledge, death occurred at	the time, date of	and plece, end due	to the cause(s) and men	ner es stated.					
COMPLETED	one) 2 MEDICAL EXAMINE	R: On the basis of exemination	n end/or investigation, in	my opinion, de	ath occured at the	time, date end piece, en	d due to the ce	use(s) end menner es atated.				
ш	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI			GNED (Month, Day) Year)				
0	ant	Hen	CM ON		1) 100	91	> ,,	1				
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE					11	12-19/				
	A. Mr A Je	rpick m	D 7	620	York	Rel T.	var su	47 Trus				
	31. DATE FILED (Month, Day, Year)	Alia Davidson	hande 12				- 170					
	NOV 2.5 1991	A MANUAL WOOD ONLY	1									



DHMH-16 Rev 1/89

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIF	ICATE OF	DEATH		REG. NO.	_				
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF			MEAN	3. TIM	E OF DEATH	
	HARRY	7.	LOW	E			MONTH -	19.	- 9	YEAR	9:	15 P M	(
	4. SOCIAL SECURITY NUMBER 218-07-6082	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, De	BIRTH ev. Year)		6. BIRTH Countr	PLACE	(State or Foreign	
	3/23/1913											yland	
~	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, TOWN	OR LOCATION OF DI	EATH		9c. COU	NTY OF D	EATH		_
0	TATION MEMORIAL	HOSPITAL.			BALTIMO	DRE CITY						•	
DIRECTOR	10a. STATE 10b. COUNT			10c. CIT	Y, TOWN OR LOCA	TION					10d IN	ISIDE CITY	
E	Marylard -					to City Md						MITS?	
AP.	10e. STREET AND NUMBER 172	9 S.Cha	rles St			f. ZIP CODE			10a, CIT	IZEN OF W	-	ES 2 NO	-
ER		9 S.Char				21230				USA			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARI	MED	13. WAS DE	CENDENT OF HISPAN	NIC ORIGIN? (S	ipecify Yea	or No	14. RACE	— Ama	rican Indian,	
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	YES 2 N AR OR DATES	10	If yea, a	ecify Cuban, Maxica S 25 NO Specifi	n, Puarto Rica	n, atc.)		Black Spect	k, White,	atc.	
ED B		I W.W.2									Wi	hite	
3	15. DECEDENT'S EDU (Specify only highest grade	completed)	(Gr	ve kind of	WSUAL OCCUPATI work done during m se retired.)	ON ost of working	16b, KII	ND OF BUS	SINESS/INI	DUSTRY			
2	Elementary/Secondary (0-12)	College (1-4 or 5 +	+)		river				~	1 ~			
COMPLET	17. FATHER'S NAME (First, Middle, Last)		Ca	ע מו	river	Les MOTHERNO ALA				b Cc).		
EC		rthur	S. I	owe		16. MOTHER'S NA	ME (First, Midd		_	11 M O Y			
00	19a. INFORMANT'S NAME (Type/Print)	LOTIGE				and Number or Rural I				yner			
5	Mrs.Carol	Lowe	17	129	S.Char	lest.Ba	alto.	Md.2	2123	0			
	20m. METHOD OF DISPOSITION		20b. PLACE A	NDDATE	OF DISPOSITION (N	ame of	DATE	_		City or To	wn, Stat		
	1 Donation 5 Other (Specify)	oval from State	Metro	Cre	matory	Inc.	11.2					le, Md.	
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	1	/		ND ADDRESS OF FA	CILITY	D		o.Md			
	>//h : 1	0 1	10.11	_	March	. 3 1 E	1						
	23. PART i. Enter the diseases, pr	complications that	t caused the day	ath. Do r	not anter the mi	ally Full	h es cardiac	Dr. reani	retory ar	30 1		pproximate	4
	anock, or neert failura.	List only one cau	aa Dh'aach iina.				. os caraiac	Di Taupi	ratory ar	est,	in	ntarvei Batwaan	
	IMMEDIATE CAUSE (Finel diagease or condition resulting in deeth) Due TO (OR AS A CONSEQUENCE OF):												ı
	resorting in deetin)	DUE TO	(OR AS A CONSEC	UENCE O	F):						-		-
Z	Convertell that are the	a Overs	helma	5	coins								ı
E	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
S	CAUSE (Disease or injury	C	.00 .00 .00										
Ē	that initiated avants reaulting in death) LAST	001 300	(OR AS A CONSEQ	UENCE O	F):								ı
CERTIFICATION		d									-		
	PART II. Other algnificant condition	s contributing to	death but not re	suiting	in the undarlyin	g causa given in	Part i. 24	. WAS AN		24b.		UTOPSY FINDINGS	1
PHYSICIAN: MEDICAL							18	PERFOR			COMPLE	ELE PRIOR TO ETION OF CAUSE	ı
ME											DF DEAT	ES 2 NO	1
ž													ı
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL				ACE OF DEATH (Che	eck only one)						1
YSI	1 TYES 2 NO	1 1 Impatiant 2 🗆		□ DOA	OTHER: 4 Nursing Hon	e 5 🗆 Residence	6 Other (Sp	ecity)					I
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF (Month, Da	y, Year)	28b. TIM INJ		URY AT NA	26d. DESCRI	BE HOW IP	JURY OC	CURED			1
BY	2 Accident Investigation	N		NH		YES 2 NO	12	IA					J
	3 Suicide 6 Could not be 4 Homicide determined	building,	F INJURY — At honetc. (Specify)		street, factory, offic		261. LOCATIO City or To	N (Street a wn, State)	nd Number	or Rural R	oute Nun	mber,	1
<u>-</u>	29a. CERTIFIER			7/4	<u> </u>				_ ^	J/A			1
MPI	(Check only												1
COMPLETED	2 MEDICAL EXAMINE		amination and/or in	rveatigatio	on, in my opinion, o	leath occursed at the	tima, data and	placa, and	d dua to th	a cause(a)	and ma	nner as stated.	ı
BE	296. SIGNATURE AND TITLE OF CENTIFIER	1				29c. LICENSE NUN			29d. DAT	E SIGNED	(Month,	Day, Year)	1
5	Tamy	-				AT 2438	745A	20	11	119/	91		
	30. NAME AND ADDRESS OF PERSON WHO			27) (Type,	Print)	0.11							1
	31. DATE FILED (Month, Day, Year)	Usun 10	R'S SIGNATURE	m	mon	eum	ue n	10					
	NOV 2.5 10		N'S SIGNATURE										1
	11UV G 0 19	y a.l.	A L	70 1	A.6.								1



YEAR 1991

3. TIME OF DEATH

Maryland

6:45 A. 8. BIRTHPLACE (State or Foreign Country)

REG. NO.

2. DATE OF DEATH MONTH DAY

11/20/1940

7. DATE OF BIRTH (Month, Day, Year)

11

IF UNDER 24 HRS.

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

IDREY

212 36 2646

4. SOCIAL SECURITY NUMBER

VELVA

1 M 2 X F

8. AGE (In yrs. last birthday)

YRS.

51

5. SEX

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0	-
Z	
SION	

	9a. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY, TO	WN OR LOCATION OF DE	ATH	9c. COUNTY	OF DEATH
8	6464 Mount Ver	non Lane		Glen	Burnie		Anı	ne Arundel
DIRECTOR	RESIDENCE OF DECEDENT							
Á	10a. STATE 10b. COUNT			TY, TOWN OR L				10d. INSIDE CITY LIMITS?
ā	Maryland Ann	e Arundel	G1	en Bur	nie			1 TYES 2 NO
	10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
1	6464 Mt. Vernon	Lane			21061		U.S	. A .
	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 X NO	It yes	DECENDENT OF HISPAN a, specify Cuban, Maxica YES 2 NO Specify	n, Puarto Rican, atc.)		RACE — American Indian, Black, White, atc. Specify: White
	15. DECEDENT'S EDU (Specify only highest grade		18e. DECEDENT'S	S USUAL OCCU	PATION a most of working	18b. KIND OF E	USINESS/INDUS	TRY
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Housew		g most of working	Ното	Maker	
			Housew	ille				
COMPL	17. FATHER'S NAME (First, Middle, Last)	ienry Bowman	2			ME (First, Middle, Maid e Deckei		
1		letity bowillar						
2	19a. INFORMANT'S NAME (Type/Print)	1-0			reet and Number or Rural			
1	Preston McLaughl				ernon Lane			Maryland 2106
	20a. METHOD OF DISPOSITION 1X Burlal 2 Cremetion 3 Rem		Ob. PLACE OF DISPO other place)	SITION (Name	of cemetery, crematory or	20c.	LOCATION Cit	y or Town, State
	4 Donation 5 Other (Specify)		len Have	n Memo	rial Park	G	en Bur	nie, Maryland
	21. SIGNATURE OF FUNEJUAL DESIGNATE LI	CENSER	41		E AND ADDRESS OF FA			
	CFIR	w X	lone		rge J. Gon			
EDICAL CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet Initiated events resulting in deeth) LAST	b. DUE TO (OR AS	A CONSEQUENCE O	DF):	dyling cause given in	Part !. 24e, WAS	AN AUTOPSY	24b, WERE AUTOPSY FINDINGS
	"no	ne					ORMED?	AVAILABLE PRIOR TO CDMPLETION DF CAUSE OF DEATH?
								1 YES 2 NO
Σ								
A I	25. WAS CASE REFERRED TO MEDICAL				28. PLACE OF DEATH (C)	neck anly one)		
2	EXAMINER?	HOSPITAL:	utpatient 3 DOA	OTHER:	Home 5 A Realdence	# Cother (Spenify)		
BY PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a, DATE OF INJUR (Month, Day, Year	Y 28b. TI	ME OF 28	c. INJURY AT WORK?	28d. DESCRIBE HO	W INJURY OCCU	RED
	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJU building, etc. (S)	RY — At home, farm, pecify)	, atreet, tectory,	offica	28t. LOCATION (Str. City or Town, St	et and Number or ate)	r Rural Route Number,
TO BE COMPLETED	one) 2 MEDICAL EXAMIN		tion and/or investigat	tion, in my opin		time, date and place	, and due to the	cause(a) and manner as stated.
	31. DATE FILED (Month, Dey.	32. REGISTRAR'S SI	37089	Mous	rtain Ol	d. Va	radu	ca. Md. 2112

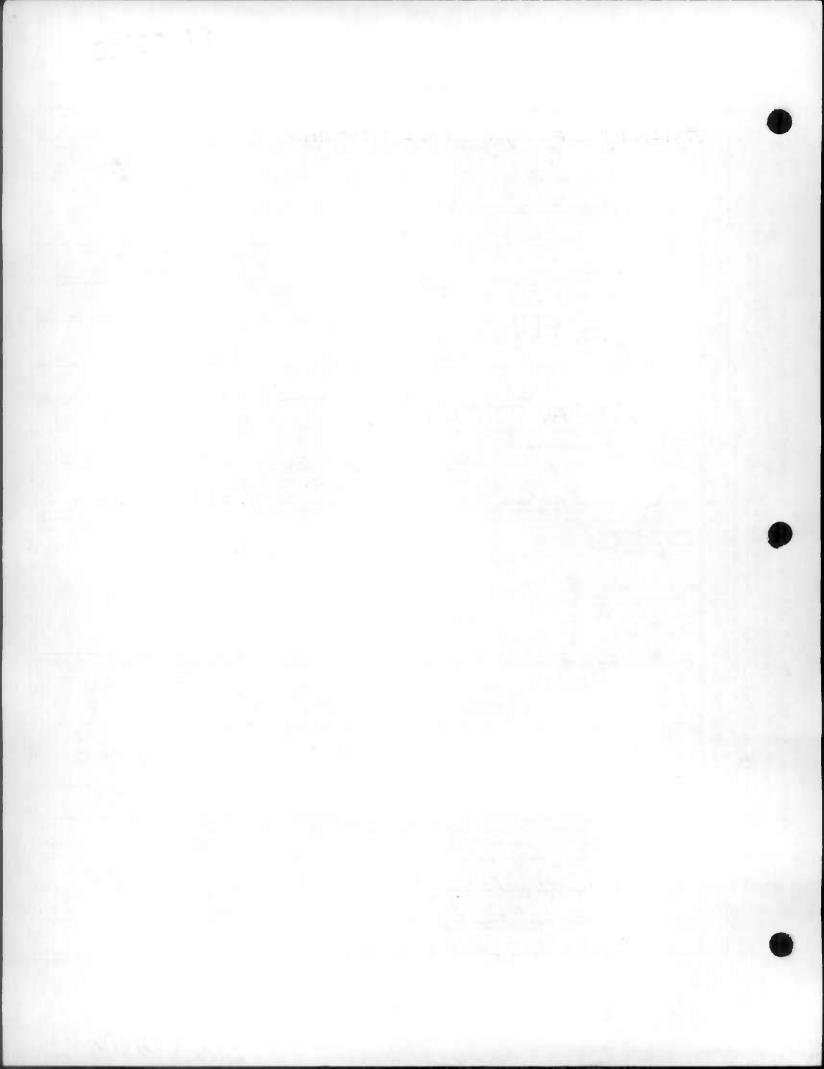
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

AUG

IF UNDER 1 YEAR

DHMH-18 Rav 1/89



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - REGISTRAR	CERTIFIC	ATE OF	DEATH	REG.	NO.				
	1, DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEAT	Н	10.01	3. TIME OF DEATH		
	MABEL HELEN M	ORRIS			NOV.	17 10	YEAR	M		
			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	1	8. BIRTI	HPLACE (State or Foreign		
	214-40-4817 1 M 2 X F	88 YRS. MOI	THS DAYS	HOURS MIN.	Jan 14		Count	Marvland		
	9a. FACILITY NAME (if not institution, give street and number)	9b	CITY, TOWN C	R LOCATION OF DE			INTY OF D			
DIRECTOR	512 Lynhurst Street		Ba1	timore						
REC	10a. STATE 10b. COUNTY	10c. CITY, TO	OWN OR LOCAT	ION		-	10d. INSIDE CITY LIMITS?			
	Maryland	Ba1	timor	е				1 X YES 2 NO		
AL	10e. STREET AND NUMBER		10f	ZIP CODE		10g. CIT	IZEN OF	WHAT COUNTRY?		
FUNERAL	512 Lynhurst Street			21229		1	USA			
5	11. MARITAL STATUS 12. WAS DECEDENT EVER FORCES? 1 YE	IN U.S. ARMED			NIC ORIGIN? (Specifin, Puarto Rican, atc		14, RAC	E — American Indian, ik, White, etc.		
B	1 Never Merried 2 Married IF YES, GIVE WAR OR			2 NO Specifi		~)	Spec			
	15. DECEDENT'S EDUCATION	18a. DECEDENT'S USU	IAL OCCUPATION)N	186. KIND O	F BUSINESS/IN	DUSTRY	Diach		
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mo tired.)	st of working	Doug	las H	iah	School		
집	High School	Custod	ian				_	blic School		
0	17. FATHER'S NAME (First, Middle, Last)	1 040004		18. MOTHER'S NA	ME (First, Middle, M.		1 4	DITC CCHOOL		
	Levi C.Chase			Alve	erta Co	ates				
BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING AD	DRESS (Street a		Route Number, City of		ip Code)			
2	Viola B. Thomas				Bal			1D 21216		
	20a, METHOD OF DISPOSITION	Ob. PLACE AND DATE OF				c. LOCATION —				
	1 🔀 Burial 2 🗌 Cremation 3 🗌 Ramoval from Stata	Arbutus M	ther place)							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	AIDUCUS II	22. NAME A	ID ADDRESS OF FA	CILITY NI 11 + +	or Fun	ora	1 Homes Inc		
	> How best E. Y	notter	2501	Gwynns	Falls Marvla	Park	way			
	23. PART I. Enter the diseases, or complications that caus	ed the death. Do not	enter the mo	de of dving, auc	th as cardiac or	respiratory as	rest.	Approximate		
	ehock, or heert fellure. List only one ceuee on	eech line.		oo or aying, and		capitatory at	1001,	Interval Between Onset and Death		
	IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Pardio - Ruspinstry Facilities									
	regulting in deeth)	A CONSEQUENCE OF:	11/4/19	Ture	cecil					
	L Control of the cont	UT CINEV	-							
S	Sequentially list conditions, bb.	A CONSEQUENCE OF:	7	,						
CERTIFICATION	If any, leading to immediate Cause. Enter UNDERLYING	200 (P)	reste	Le.						
5	CAUSE (Disease or Injury	A CONSEQUENCE OF:	73							
Ē	that initieted events resulting in death) LAST	(1)								
E	d									
	PART II. Other significant conditions contributing to death	but not reaulting in t	he underlyin	g ceuse given in	Part i. 24a. W	AS AN AUTOPSY	24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
EDICAL	PAGETS DISLAN	>			100	ES 2 NO		COMPLETION DF CAUSE DF DEATH?		
Ē	Hyper chalestone							1 YES 2 NO		
. M	//							Total Stand		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		26. PI	ACE OF DEATH (C)	heck only one)					
Sic	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpetient 2 ER/O		THER:	s 5 destaldance	6 Other (Specifi	u)				
Η̈́	27. MANNER OF DEATH 28s. DATE OF INJUR			URY AT	28d. DESCRIBE		CCURED			
	1 Natural 5 Pending (Month, Day, Yea) INJUR		PRK? YES 2 NO						
В	2 Accident investigation 3 Suicide 2 Could not be 28s. PLACE OF INJU	RY — At home, farm, stra	at, factory, offic		28f. LOCATION (S	Street and Number	er or Rural	Route Number		
E	4 Homicide a Could not be building, atc. (S	pecify)			City or Town,	State)				
	29a. CERTIFIER									
COMPLET	(Check only one) 2 MEDICAL EXAMINER: On the basis of examins							(a) and manner as stated.		
8		tion shoot tiveatigation, i	it thy opinion, c	0 10 - 50	200			amenda and		
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	71.		29c. LICENSE NU	MBER	29d. DA	TE SIGNE	D (Month, Day, Year)		
10	TO NAME AND ADDRESS OF STREET	m ()		710	7 78	1	/- 0	20.7/		
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF BOULD OWN	Med) (TYPE, Pr	1201 m	iesi S	arotoge.	57.12	211	MD 21223		
		GNATURE GANDALE								

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

NEW STREET, ST

BALTIMORE, MARYLAND 21203-3146	2. Jours after death. Page 6 may be retained by the hospital or attending phy filled in by the funeral director, page 5 should be detached for use as the burion, or removal. Ne medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.—Surs after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Poer filed within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

* REGISTRAR		C	ERIIF	ICALE	: OF	DEA	IM	REG.	VO.		
1. OECEOENT'S NAME (First, Middle, Las								2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
Myrtle Marie Mus	5. SEX	6. AGE (In yrs. le	et hirthriau)	IF UNDER	1 VEAR	IF UNDER	24 MBS	7. OATE OF BIRTN	00	& BIRTIN	IPLACE (State or Foreign
083-38-5012	1 M 2 XF	81	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year 06-15-1	ĺO	Countr	Jersey
9a. FACILITY NAME (If not institution, give				9b. CITY, TOWN OR LOCATION OF DEATN					9c. COUNTY OF OEATN		
Long View Nursing	Home		Manchester						Carroll		
Long View Nursing RESIDENCE OF DECEDENT 100. STATE 100. CON Maryland Cari				10c. CITY, TOWN OR LOCATION Manchester							
10e. STREET AND NUMBER 3332 Main Stree 11. MARITAL STATUS 1 Never Merried 2 Married	011		Ma	nenes		. ZIP COD	E		100 CI	TIZEN OF V	1 X YES 2 NO
3332 Main Stree	et					2110	2	100	US		THAT COUNTRY!
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. AI 1 YES 2 WAR OR DATES	NO If yes, specify Cuban, Maxican, Puarto Rican, atc.)							E — American Indian, k, White, atc. ""'' White	
15. OECEDENT'S EI (Specify only highest gra Elamentary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)	15. OECEDENT'S EDUCATION (Specify only highest grade completed) Elamentary/Secondary (0-12) College (1-4 or 5 +) 16a. OECEDE (Give kir							16b. KIND OF	BUSINESS/II	NDUSTRY	
17. FATHER'S NAME (First, Middle, Last)						18. MOT	NER'S NA	ME (First, Middle, Ma	den Surname))	
Charles Stults									mendo		
19a. INFORMANT'S NAME (Type/Print)	15.110	19	96. MAILING	G ADDRES	S (Street	and Numbe	r or Rural	Route Number, City or			
Walter Music	Hush	and	2219	Ridg	emor	t Rd	l., F	inksburg	, MD.	210	48
20e. METHOD OF DISPOSITION 1	movat from Stata	20b. PLACE other p	E OF DISPO					7	LOCATION -		own, State
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE DOD:	- I ald Wade	Dia	22.	NAME A	ND ADORE	SS OF FA	KILITY CM 7 u	תזאת ישו	TOMV	BOARD
· Ronald	Tade	11-22		- •				more St.,			
23. PART I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such se cerdisc or respiratory errest, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) OUE TO (OR AS A CONSEQUENCE OF):										Approximete interval Batwasi Onset and Deat	
Sequentielly list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF):											
PART II. Other aignificent condit	one contributing t	o deeth but not	reaulting	in the u	nderlyir	g cause	given in		S AN AUTOPS	Y 246	b. WERE AUTOPSY FINOINGS
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	us P	Park	nti	con	1	Ur	lan	1 _ YE	S 2 DATO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL					28. F	LACE OF	DEATN (C/	heck only one)			
EXAMINER?	HOSPITAL:	☐ ER/Outpetlant	3 🗆 DOA	4 Thu		na 5 🗆 B	Realdence	6 Other (Specify)			
27. MANNER OF DEATH 1 Netural 5 Pending		Day, Year)	286. TI	ME OF JURY M		JURY AT ORK? YES 2	tho	28d. OEŞCRIBE N	OW INJURY (OCCUREO	TENTE O
2 Accident Investigation 3 Suicide 8 Could not 1 4 Homicide determined	28a. PLACE	OF INJURY — At I	homa, farm,	, street, fac	tory, offl	ca	v	28f. LOCATION (SI City or Town, S	reet and Num itate)	ber or Rural	Route Number,
29s. CERTIFIER 1 CERTIFYING PN (Check only one) 2 MEDICAL EXAM											(s) and manner as stated.
4 Homicide 4 Homicide 29a. CERTIFIER (Check only one) 2 MEDICAL EXAM 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON	vard	MD				29c. LIC	OENSE NU	2386	29d. D	ATE SIGNE	22/9/
30. NAME AND ADDRESS OF PERSON WIFFO.Ar	M. C	SUSE OF DEATH (IT	27) (Typ.	A 1	v S:	+B	5 x c	OMAI	vch	este	r, Md 2110
31. DATE FILEO (Morith, Day, Year)	32. REGISTI	RAR'S SIGNATURE	طهوا								

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR		SIAIE UF N		ERTIFI	CATE OF			IEN IA	REG. NO.	E		
1. DECEDENT'S NAME (First,	Middle, Last)	- 1	SARAH	В.	MORGAN					11-20		3. TIME OF DEATH
Sarah	Morga	n	Dillulii	D	HONGAN			1 MONT	20)*	91	1045
4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs. les	-	IF UNDER 1 YEAR	IF UNDER		7. DATE	OF BIRTH		S. BIRTH Country	PLACE (State or Foreign
221-16-39	81	1 M 2 F	67	YRS.	MONTHS DAYS	HOURS	MIN.	05	- 10-2	24		elaware
9a. FACILITY NAME (If not in	stitution, give st	reet and number)			9b. CITY, TOWN	OR LOCATIO	N OF DE	ATH		9c. COUN	TY OF D	EATH
513 Wale		eet			Sa	lisbu	ry			V	Vico	mico
RESIDENCE OF DEC	10b. COUNTY			L co. oraș	, TOWN OR LOC	171011						
Maryland		ico Coun	ty		Salisbu							10d, INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER						IOI. ZIP CODE				10g. CITIZ	ZEN OF W	HAT COUNTRY?
513 Wales	Street					218	301			Т	JSA	
11. MARITAL STATUS	DUICO	12. WAS DECEDEN	IT EVER IN U.S. AR			ECENDENT OF	F HISPAN		i? (Specify Yao		14. RACE	- American Indien,
1 Never Married 2 3 Widowed 4 Divo		FORCES? 1	YES 2 1	no		specify Cuber ES 2 NO			Rican, atc.)		Specia	White, stc.
	EDENT'S EDUC		16e, DE	CEDENT'S	USUAL OCCUPA	TION	_	16b	KIND OF BUS	SINESS/IND	USTRY	
(Specify only Elamentary/Secondery (0	highest grade	College (1-4 or 5	(G	ive kind of w . Do NOT use	ork done during i	most of working	g					
						Total State						
17. FATHER'S NAME (First, M		ODCAN						, ,	Middle, Malden			
RENZA LE		ORGAN							MARVEI			
190. INFORMANT'S NAME (7		Broth			box 36						Code)	
Earl More	_	Broti					ELINA.	-				
1 Burlel 2 Cremetic	n 3 🗆 Remo	ovat from Stata			or other place)	ON (Name		DAT	E 20c. LO	CATION —	City or To	wn, State
21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE Rona	ld Wade	Dir	22. NAME	AND ADDRES	S OF FAC	CILITY S	TATE A	NATO	MY B	OARD
1 mante	1/1/1	Jalee	11-21-		1							MD 21201
23. FART I. Enter the d shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	ssrt fallure. I	a. Hyp	ertens	iVe OUENCE OF	Cardi							Approximats intsrval Bstwe Onest and Ds
if any, isading to imme- csuse. Enter UNDERLY CAUSE (Disease or inju	diats ING	DUE TO	(OR AS A CONSE	OUENCE OF	7:							
that initiated evants resulting in dasth) LAS		DUE TO	(OR AS A CONSE	OUENCE OF):							
		d										
PART ii. Other signification		eurysms		resulting i	n ths undsrly	ing csuse g	lvan in	Part i.	24a. WAS AN PERFOI	RMED?	246	WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUSE
Hypoth						110			1 TYES	NO NO		OF DEATH?
									100			1 YES 2 NO
Severe		ritis_										
25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			OTHER:	PLACE OF D						
1 X YES 2 NO			ER/Outpetient 3		4 Nursing H		aldence			the statement of the	OI INCO	
1 Natural 5	Pending	28e. DATE Of (Month, L	Day, Year)	28b. TIMI	URY	INJURY AT WORK? YES 2	NO	28d. DE	SCRIBE HOW	INJURY OC	CURED	
2 Accident	Could not be datarmined		OF INJURY — At he, etc. (Specify)	ome, farm, s	street, factory, of	Hica			CATION (Street or Town, State		or Rural I	Route Number,
4 Homeon	datamined											
TOTACK Gray		CIAN: To the best o										e) end manner ee stated
2 (3, 100)			Administration and/or	mivestigstio	at, it my opinior				e enu piece, e			
29b. SIGNATURE AND TITLE	OF CERTIFIER		-	1	26 77		ENSE NUM					(Month, Day, Year)
1 Dune	02	06.00.	Dep	uty	M.E.		359	19		1	1-2	0-91
						1 200						- , .
30. WANE AND ADDRESS O		completed calley, M.	OF DEATH (ITE	EM 27) (Type,					Colic			

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		evienti		n terdeds Torques v	
		evlaner:		n terdeds Torques v	X
		eviener:		n ierosas Nomase v	X
		evlener:		n terdeds Torques v	X
				n ierosas Nomase v	X
				n lerdens longues v	X
	×			n ierosas Nomase v	X
				n lerdens longues v	X

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached thin 72 hours after death with the State Debt. of Health and Mental Hydiene brief to burial, cremation, or removal.	NNT. If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
within 24 hot	UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fittin 72 hours after death with the State Debt, of Heath and Mental Hydiene brior to burial, cremation, or removal.	vent, the m
be executed	rior to burial.	traumatic en
ath certificate	ttending physial Hydiene p	, or other
that the de	ed by the a	any Injury
law requires	is been sign ept. of Heal	23 shows
AN: The	State D	r item
SICI	cent h the	d, 0
NING PHY	After this feath with	marke
TEN	TOR:	28 is
OR AT	DIRECT hours a	item 2
OSPITAL	UNERAL Ithin 72	ANT: If

	1 • STATE OF MARYLAND / DEPARE REGISTRAR CERTIF	RTMENT OF HEALTH AND	MENTAL HYGIENE REG. NO.								
	1. OECEDENT'S NAME (First, Middle, Last) DAVID MACKEWITZ		2. OATE OF OEATH 1 1 2 2	91 3. TIME OF OEATN a 2:10 M							
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) $216-01-9962 \qquad \begin{array}{c ccccccccccccccccccccccccccccccccccc$	MONTHS DAYS HOURS MIN.	7. OATE OF BIRTN (Month, Day, Year) 05 04 94	8. BIRTNPLACE (State or Foreign Country)							
TOR	96. FACILITY NAME (If not institution, give street and number) NORTH ARUNDEL HOSPITAL RESIDENCE OF DECEDENT	9b. CITY, TOWN OR LOCATION OF DI GLEN BURN									
DIRECTOR	10a. STATE 10b. COUNTY 10c. CIT MARYLAND ANNE ARUNDEL	Y, TOWN OR LOCATION PASADENA		10d. INSIDE CITY LIMITS? 1 YES 2 ND							
FUNERAL	613 DOVER ROAD	10f. ZIP COOE 21122	10g. C	U.S.A.							
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Olvorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR OATES	13. WAS OECENOENT OF NISPAI If yes, specify Cuban, Maxica 1 YES AND Specify		14. RACE — American Indian, Black, White, atc. Specify: WHITE							
COMPLETED	(Specify only highest grade completed) (Give kind of ville. Do NOT us (Sive kind of ville. Do NOT us	USUAL OCCUPATION work done during most of working se retired.) PENTER	16b. KINO OF BUSINESS/II								
BE CO	17. FATNER'S NAME (First, Middle, Last) UNKNOWN	U.	ME (First, Middle, Malden Surname)								
2	DAVID R. BRICKMAN 613	ADDRESS (Street and Number or Rural I									
	20s. METMOD DE DIPPOSITION 1 Ramoval from Stata 4 Donastion 5 Duny (bushy) 21 BRANDED PROBLEM BUSHY CLICENSES	OF BISPOSITION (Name of Line Clark) LINC . 22. NAME AND AGORESS OF FA	11/25 CATO	OSVILLE, MD.							
	· Lary J. Loufmans	RAYMOND C. 426 CRAIN H	FINK FUNERAL WY.S.W.GLEN	BURNIE, MD.							
ERTIFICATION	23. PART I. Enter the diseeses of complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or reepiratory errest, intervel Between Oneet and Deeth diseese or condition reculting in death) Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury that initiated evente resulting in deeth) LAST										
PHYSICIAN: MEDICAL CE	PART II. Other eignificant conditions contributing to death but not resulting.	n the underlying ceuse given in	Pert I. 24s. WAS AN AUTOPS! PERFORMED?	Y 14b. WERE AUTOPSY PIROROSS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH 1 YES 2 2-460							
YSICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 DES 2 NO 1 DESCRIPTION 2 ENFORMMENT 3 DOA 27. MANNER OF GEATN 288. DATE OF INJUSTY 288. TAM	26. PLACE OF DEATH (Ch OTHER: 4 D Nursing Home 5 D Residence	S C Other (Specify)								
BY		M 1 YES 2 NO	284. LOCATION (Street and Municipal)								
COMPLETED	29a. CERTIFIER (Check only CERTIFYING PNYSICIAN: To the best of my knowledge, dasth occurre	od at the time, data and place, and due	to the cause(s) and manner as st	lated.							
TO BE CO	29b. SIGNAPATE AND TITLE OF CERTIFIED 30. NAME AND ADDRESS OF PERSON WIND COMPLETED CAUSE OF DEATH (TITEM 27) (Type,	29c. LICENSE NUN 3/) Print)	18ER 29d. OA	ATE SIGNEO (Month, Day, Year) 11-23-91 77 2-08							
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	7,000	a.m Nigh	DHMH-16 Rev 1/89							

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At which person questions at the A	
	1
	1324
DEPORT DEPORT	7720



FOR

IOHN.

REGISTRAR

1. DECEDENT'S NAME (First, Middle, Lest)

4. SOCIAL SECURITY NUMBER

216-03-2818

9e. FACILITY NAME (If not institution, give street end number)

E .

1 M 2 | F

5. SEX

9c. COUNTY OF DEATH

3. TIME OF DEATH

10d. INSIDE CITY

1 X YES 2 - NO

Approximata

AVAILABLE PRIDE TO COMPLETION OF CAUSE

OF DEATH? 1 TYES 2 TNO

STREET

29d. DATE SIGNED (Month, Day, Year)

MOVEMBER 23, 199

Intarvai Batwaen

Onaat and Death

P ...

1:50

8. BIRTHPLACE (State or Foreign

VIRGINIA

10g, CITIZEN OF WHAT COUNTRY?

14. RACE — American Indian, Bleck, White, etc.

Specify: WHITE

U.S.A.

2. DATE OF DEATH

7. DATE OF BIRTH

AUG. 20, 1904

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E, MARYLAND 21215-0020	ocioinado adinastro
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Pages 1, 2, 3 should DIRECTOR 1100 BLK. LIGHT ST. BALTIMORE CITY 10b. COUNTY 10c. CITY, TOWN OR LOCATION MARYLAND BALTIMORE FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE burial-transit 1935 RAMSAY STREET 21223 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-1 Never Merried 2 Merried
3 Wildowed 4 Divorced If yee, specify Cuben, Mexicen, Puerto Ricen, etc.) 1 YES 2 NO Specify: BY the SP ED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) nse 16b. KIND OF BUSINESS/INDUSTRY F for Elementary/Secondary (0-12) 5TH GRADE detached BAKER/LANDLORD BAKER/HOUSING 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surneme) ĕ page 5 should be JOHN MADDOX IDA V. DAVIS notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 LUCILLE L. MADDOX 1935 RAMSAY STREET, BALTIMORE, MD. 21223 pe 20s. METHOD OF DISPOSITION
1A) Buriel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must 4 Donetion 5 Other (Specify) LOUDON PARK CEMETERY BALTIMORE examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY the funeral · Christop HUBBARD FUNERAL HOME INC. 4107 WILKENS AVENUE, BALTIMORE, medicai 23. PART I. Enter the diseasea, or complications that caused the death. Do not antar tha moda of dying, auch as cardiac or reapiratory arrast, ahock, or heart failura. List only ona cause on each lina. IMMEDIATE CAUSE (Final the cremation, diaaasa or condition resulting in daath) DUE TO (OR AS A CONSEQUENCE OF) ysician and completely prior to burial, crematic event. traumatic Sequentially list conditions. if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): signed by the attending physician Health and Mental Hygiene prior to CERTIFICAT other DUE TO (OR AS A CONSEQUENCE DE) that initiated eventa reaulting in death) LAST 0 PART II. Other aignificant conditions contributing to death but not resulting in the undarlying cause given in Part I. 24e. WAS AN AUTOPSY PERFORMED? shows any YES 2 NO has be Dept. PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one, Item EXAMINER? HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) 20 the 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF this c 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED PEDESTRIAN marked, 1 Natural 5 Pending 11-22-91 STRUCK BY TRUCK 1:40P M 1 YES 2 NO Accident After 1 BY 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) Suicide S 281. LOCATION (Street and Numberry: Rural Route Number GHT ST. ED 6 Could not be HU ERAL DIRECTOR: 4 Homicide 28 determined STREET BALTIMORE CITY E item 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end menner se stated. S. COMPL 2 X MEDICAL EXAMINER: On the beste of examination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the ceuse(e) end menner se stated. MPORTANT: If 286 MONATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE O.C.M.E. 2 MAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 PENN ST. BALTIMORE, MD. 21201

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

6. AGE (In yrs. last birthday)

YRS.

87

MADDOX

DAYS

IF UNDER 1 YEAR IF UNDER 24 HRS.

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

DHMH-18 Rev 1/89

-Wir (H - Water O)

NOVES 1881 Providence





DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mounts after death. Page 6 may be retained by the hospital or attending physic	rours after death. Page 6 may be retained by the hospital or attending physic
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	d in by the funeral director, page 5 should be detached for use as the burial or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLA		NT OF HEALTH		L HYGIENE REG. NO.		
i	1. DECEOENT'S NAME (First, Middle, Last) Constance H.	Moser	NSTANCE H.	MOSER	MONT //	20	1991	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 229-36-2413 9a. FACILITY NAME (If not institution, give stre	1 🗆 M 2 💢 F	38 YRS. MONTE	OER 1 YEAR IF UNDER IS DAYS HOURS ITY, TOWN OR LOCATION	MIN. (Mont		Country	nna.
STOR	Shady Grove RESIDENCE OF DECEDENT	Hospita		Rockvill	e, M	$a \cdot 10$	Monto	gomery
DIRECTOR	10a. STATE 10b. COUNTY	ontsomer	10c. CITY, TOW	DCRUII	le			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 9701 Veir	s Drive	_	101. ZIP CODE	0850		JSA	HAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	13. WAS DECENDENT O If yes, specify Cubai 1 YES 2 NO	n, Maxican, Puarto	N? (Specify Yas or No- Rican, etc.)	14. RACE Black, Specify	— American Indian, White, etc. y: White
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12) 12+		life. Do NOT use retire	ne during most of worldn	9 160	Educatio		cher
CON	17. FATHER'S NAME (First, Middle, Lest) Clarence G. Hard	ina			HER'S NAME (First,	Middle, Melden Surneme))	- 19/24
TO BE	19a. INFORMANT'S NAME (Type/Print)	Ing	19b. MAILING AOOF			nber, City or Town, State,	Zip Code)	
T	Edith Buzzel 20a. METHOD OF DISPOSITION 1 Burlet 2 Cremation 3 Remo 4 X Donation 5 Other (Specify)	Daughter 20b.	15 Swa PLACE OF DISPOSITION other place)			lesley, Ma		2181 wn, State
	21. SIGNATURE OF TUNERAL SERVICE LIE	ENSEE PROMITY	MADE, DIK	22. NAME AND ADDRESS		STATE AND		BOARD 21201
	23. PART I. Enter the dissess, or constant failure. Limited in the constant failure. Limited in the constant failure in the constant failure. Limited in the constant failure	list only one cause on ea		with S			arrest,	Approximsta interval Batween Onast and Dsath
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		CONSEQUENCE OF):	Hert	tai	lure		
MEDICAL	PART II. Other significant conditions	contributing to death bu	it not resulting in the	undarlying csuaa g	given in Part i.	24a. WAS AN AUTOPS PERFORMED? 1 YES 2 NO		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF D	EATH (Check only o	one)		
YSIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpi	itlant 3 DOA 4 D	HER: Nursing Home 5 □ Re				
ву Рн	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?		EŞCRIBE HOW INJURY	OCCURED	
	3 Suicide 6 Could not be 4 Homicida detarmined	28a. PLACE OF INJURY building, etc. (Speci	At home, farm, street,	factory, offica		CATION (Street and Num y or Town, State)	nber or Rural R	Route Number,
COMPLET	(Critical Critis	CIAN: To the best of my knowledge. R: On the basis of examination) and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF GERTINER	6-1	cy	29c. LIC	33/	380 294.1	DATE SIGNED	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO	Jalley-	1951	Docto	rs Di	Gen	nomto	nun, mo
	31. DATE HUED WAS THE BOA GOS	32. REGISTRAR'S SIGNI	TURE					

physician.	burial-fram	
attending	use as the	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
retained	5 should	notified
6 тау be	ctor, page	nust be
eath. Page	uneral dire	aminer
urs after d	in by the f	edical ex
hin 24 Nov	rtely filled mation, or	it, the m
ecuted wit	nd comple burial, cre	atic even
cate be ex	hysician a	er traum
eath certifi	ittending p	, or other
that the de	d by the a	ny injun
requires	been signe of Health	shows a
N. The law	State Dep	Item 23
PHYSICIA	this certil	arked, or
TTENDING	TOR: After after deat	28 Is m
ITAL OR A	RAL DIRECT	It item
THE HOSPI	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the file within 72 hours after death with the State Dept. of Health and Mental Hyplene prior to burial, cremation, or removal.	ORTANT
101	TO T	IMP

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

	t, Middle, Last)				ICATE O			T	REG. NO			
CHARLES	t, moore, costy	JAMES		MILL	ER			2. DATE O	2 T	NA.	JEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER 1 YEAR	IF UNDE	24 HRS.	7. DATE O	BIRTH		6. BIRTHP	LACE (State or Foreign
234-62-28	21	1 X 1 2 F	50	YRS.	MONTHS DAYS	HOURS	MIN.	Month,	23-1	941	Country)	777
9a. FACILITY NAME (If not in					9b. CITY, TOWN	OR LOCAT	ON OF DI	EATH			NTY OF OE	ATH
MEMORIAL RESIDENCE OF DE		ITAL			CUMBI	ERLAI	I D			ALL	EGAN	vy Count
RESIDENCE OF DE	10b. COUNTY	1		10c. CIT	Y, TOWN OR LOC	ATION						10d. INSIDE CITY
WV	Hamp	shire C	ounty	R	omney							LIMITS?
10e. STREET AND NUMBER				-		of. ZIP COD	E			10g. CITI		AT COUNTRY?
P.O. Box	14					26	757				USA	
10e. STREET AND NUMBER P.O. BOX 11. MARITAL STATUS 1 Never Married 2 S			T EVER IN U.S. ARI YES 2 XN WAR OR DATES		If yes, a	CENDENT (pecify Cube S 2 📉 NO	n, Maxice	NIC ORIGIN? en, Puerto Ric fy:	(Specify Yes	or No-	14. RACE - Black, Specify	American Indian, White, etc.
15. DEC	CEDENT'S EDU	CATION	16a. DE	CEDENT'S	USUAL OCCUPAT	ION		16b. ld	IND OF BUS	INFES/IND	IISTRY	ATT CE
Elementary/Secondery (ly highest grade 0-12)	College (1-4 or 5	(G/	ve kind of w Do NOT us	vork done during r e retired.)	nost of worki	ng				001111	
	nknow	n	L	abor	er			Wa	mple	r Lo	ngar	ere Poul
17. FATHER'S NAME (First, A		1						ME (First, Mic	ldle, Maiden	Sumame)		
	n Mil	rer						garet				n
190. INFORMANT'S NAME (25	196	MAILING	ADDRESS (Street	and Number	or Aural I	Route Number	City or Town	n, Stete, Zip	Code)	1000
20a. METHOD OF DISPOSIT					rth Hi		o cr.e					
1/ Buriel 2 Crematic	on 3 🗆 Reme	oval from Stale	Jemerer - Cree	PIZET	FDISPOSITION (I	iame of	1	1-25			City or Town	
21. SIGNATURE OF FUNERA		ENSE	2			47				Omme	y 9 W	
Y holasto	Ular,	Sluk	- MO	535	230	757	Win :	Sh	aife:	r Fu	nera	1 Home
23. PART I. Enter the d	lanasos or o	omplications the					A Colonia	.11 00	. à Tr.	Ourie	y, vi	IV 26757
disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju	diata ING	ı,	(OR AS A CONSEO	UENCE OF	,							
that initiated events		DUE TO	(OR AS A CONSEQ	UENCE OF):							
	T .	l				ng cause (given in	Part i. 2	40. WAS AN PERFOR	MED?	A C D	WAILABLE PRIOR TO
that initiated events resulting in death) LAS PART II. Other aignifications are selected to the selected to t	int condition	l			n the underlyl				PERFOR	MED?	A C D	WAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
that initiated events resulting in death) LAS	int condition	l	death but not re	esuiting i	on the underlying the	LACE OF D	EATH (Che	eck only one)	PEAFOR VES 2	MED?	A C D	WAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
PART II. Other eignifications of the control of the	int condition	HOSPITAL: 1 Impatient 2 & 28a, DATE OF	death but not re	DOA 265, TIME	26.1 OTHER: 4 \(\text{Nursing Ho} \)	LACE OF D	EATH (Che	eck only one) 6 Other (5	PEAFOR VES 2	MED?	A C C D	WAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
PART II. Other algnifications of the second	int condition	HOSPITAL:	death but not re	DOA 265, TIME	26.1 OTHER: 4 \(\text{Nursing Ho} \) OF Question 26c. II OF Question 26c. III	LACE OF D	EATH (Che	eck only one) 5 Other (S	PERFOR	MED?	A C C D I	WAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
PART II. Other algnifice 25. WAS CASE REFERRED T EXAMINER? 1. YES 2 NO 27. MANNER OF DEATH 1. Netural 5 Accident Suicide 6	on MEDICAL Pending investigation Could not be	HOSPITAL: 1 Impetient 2 to 1 Majorito, 0, 1 / 2 1 26e, PLACE O	death but not re	DOA 265. TIME	26.1 OTHER: 4 Nursing Ho OF 26c. lh	TLACE OF D THE 5 AR JURY AT ORK? YES 2	EATH (Che	eck only one) 6 Other (S 26d. DESCR Pede 28f. LOCATI City or	Specify) RIBE HOW IN Strate Town State	JURY OCC	URED STRUCT	Ck/Auto
PART II. Other eignifications are suiting in death) LAS PART II. Other eignifications are suiting in death) LAS PART II. Other eignifications are suiting and suiting are su	O MEDICAL Pending Investigation Could not be determined	HOSPITAL: 1 Impetient 2 to 1 Majorito, 0 1 / 2 28e. PLACE O building,	death but not re	DOA 26b, TIME 1 1 ; NJ ne, farm, at	26.1 OTHER: 4 Nursing Ho C OF 26c. IN HITT OTHER: 1 V V V V V V V V V V V V V V V V V V V	LACE OF D THE 5 PROJURY AT ORK? YES 2 D	EATH (Che	eck only one) 5 Other (S 26d. DESCE Pede 28f. LOCATI City or S. R.	Specify) NIBE HOW IN S T T a ON (Street e Town, State) 2 8 / R	MED? NO NO NO NO NO NO NO NO NO N	URED STRUCTOR AURAL ROLL	WALLAGLE PRIOR TO COMPLETION DF CAUSI F DEATH? YES 2 NO Ck/Auto
that initiated events resulting in death) LAS PART II. Other eignification in the second in the sec	O MEDICAL Pending investigation Could not be determined	HOSPITAL: Impetient 2 March 1 1 1 1 1 1 1 1 1	death but not re	DOA 26b. TIME 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	26.1 OTHER: 4 Nursing Ho SOF 26c. In HTY Areat, fectory, off	LACE OF D me 5 Re TORK? YES 2 Ca	EATH (Chesidence	eck only one) 6 Other (s) 26d. DESCE Pede 26f. LOCATI City or S. R.	Specify) Specify) Straton (Street e Town, State) 2 8 / R (a) end men	MED? NO NO NO NO NO NO NO NO NO N	A C C C C C C C C C C C C C C C C C C C	WALLAGE PRIOR TO COMPLETION DE CAUSE DE SAIR? YES 2 NO Ck / Auto Jete Number, VA.
that initiated events resulting in death) LAS PART II. Other eignification in the second in the sec	Pending Investigation Could not be determined	HOSPITAL: Impellent 2 28a. DATE OF 1 7 2 28e. PLACE O building, 2 26e. PLACE Of building, 2 26e. PLACE	death but not re	DOA 26b. TIME 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	26.1 OTHER: 4 Nursing Ho SOF 26c. In HTY Areat, fectory, off	PLACE OF D THE 5 Re JURY AT ORK? YES 2 C THE	EATH (Chesidence	eck only one) 6 Other (S 26d. DESCI P e d e 26f. LOCATI City or S . R . to the cause tima, data er	Specify) Specify) Straton (Street e Town, State) 2 8 / R (a) end men	MED? IJURY OCC In S In S IN Number OMNE	A C C C C C C C C C C C C C C C C C C C	WALLAGE PRIOR TO COMPLETION DE CAUSE OF DEATH? YES 2 NO Ck / Auto Auto Number, VA.
PART II. Other algnification in death) LAS PART II. Other algnification in death) LAS PART II. Other algnification in death in	Pending Investigation Could not be determined CENTIFIER	HOSPITAL: 1 Inpetient 2 28a. DATE OF 1 / / 2 1 26e. PLACE Of building,	death but not re EXP/Outpetient 3 INJURY — At honetc. (Specify) R O my knowledga, dea	DOA 26b. TIME 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	26.1 OTHER: 4 Nursing Ho GOF 28c. IN 1 Test, fectory, offi	ILACE OF D THE 5 Report AT ORK? YES 2 C The end place death occur 29c. LICE	EATH (Chesidence	eck only one) 6 Other (s) 26d. DESCR Pede 26f. LOCATI City or S. R. to the cause tima, deta er	Specify) Specify) Straton (Street e Town, State) 2 8 / R (a) end men	IJURY OCC IN S IN S IN S IN S IN Number OMNE There as stelled due to the	TURED S T T U C Or Aural Rou. C Y , W . add. e cause(s) e SiGNED (A	WALLAGE PRIOR TO COMPLETION DE CAUSE OF DEATH? YES 2 NO Ck / Auto Auto VA.
that initiated events resulting in death) LAS PART II. Other algnification of the part of	Pending Investigation Could not be determined CENTIFIER CENTIFIER	HOSPITAL: 1 Impetient 2 28a. DATE OF 1 / 2 1 26e. PLACE 26e. PLACE 26a. DATE OF 26a	death but not re EXP/Outpetient 3 INJURY — At honetc. (Specify) R O my knowledga, dea	DOA 26b. TIME 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	26.1 OTHER: 4 Nursing Ho GOF 28c. IN 1 Test, fectory, offi	ILACE OF D THE 5 Report AT ORK? YES 2 C The end place death occur 29c. LICE	EATH (Chesidence	eck only one) 6 Other (s) 26d. DESCR Pede 26f. LOCATI City or S. R. to the cause tima, deta er	Specify) Specify) Straton (Street e Town, State) 2 8 / R (a) end men	IJURY OCC IN S IN S IN S IN S IN Number OMNE There as stelled due to the	A C C C C C C C C C C C C C C C C C C C	WALLAGE PRIOR TO COMPLETION DE CAUSE OF DEATH? YES 2 NO Ck / Auto Auto VA.
that initiated events resulting in death) LAS PART II. Other algnification in the part of	Pending investigation Could not be determined CENTIFIER COLUMNIE C	HOSPITAL: 1 Inpetient 2 28a. DATE OF 1 / / 2 1 26e. PLACE Of building,	death but not re A/Outpetient 3 INJURY Private At hone etc. (Specify) R O my knowledga, des comination end/or in	DOA 26b. TIME 1 1 5 1 1 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1	26.1 OTHER: 4 Nursing Ho GOF 28c. IN 1 Test, fectory, offi	PLACE OF D The 5 Ra JURY AT ORK? YES 2 C ca e end place death occur 29c. LICE	EATH (Che sidence side	eck only one) 6 Other (S 26d. DESCR Pede 26f. LOCATI City or S · R · to the cause tima, data er	Specify) Specify) Specify) Stra ON (Street e flown, State) 2 8 / R (a) end men Id pleca, ene	MED? IJURY OCC In S nd Number OMNE nar as steld d due to the 29d. DATE	TURED STRUCTOR AUTOR AUT	WALLAGLE PRIOR TO COMPLETION DF CAUS OF DEATH? YES 2 NO Ck/Auto Other Number, VA.

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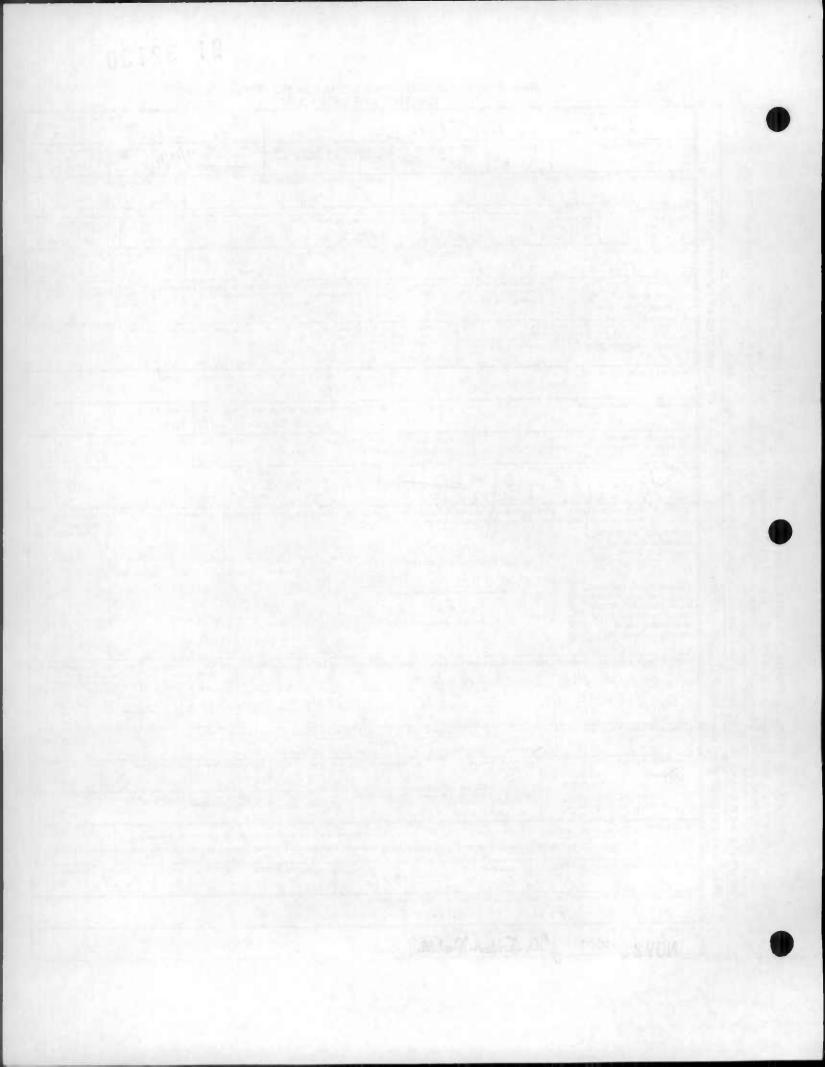
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE OF	MARYLAND / DEPAR	TMENT OF HEA	ITU AND I		32	130
Г	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) LENA R		CATE OF D		REG. NO	D.	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 1 1 M 2 1 F	6. AGE (In yrs. last birthday) YRS.		UNDER 24 HRS. URS MIN.	7. DATE OF BIRTH (Month, Day, Year)	1/11/11	B. BIRTHPLACE (State or Foreign Country)
TOB	9a. FACILITY NAME (If not institution, give street and number) UNIVERSITY OF MARY RESIDENCE OF DECEDENT	LAND	Balton	OCATION OF OR	EATH	-	Y OF DEATH TIMO
DIRECTOR			TOWN OR LOCATION	altin	w		10d, INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	633 ATS gurth Street		101. ZIP	CODE 120	2_	10g. CITIZE	N OF WHAT COUNTRY?
B	3 Wildowed 4 Olvorced IF YES, GIVE	NT EVER IN U.S. ARMED 1 YES 2 NO WAR OR DATES	If yea, specify	Cuben, Maxica NO Specify	IIC ORIGIN? (Specify Yen, Puarto Rican, atc.)	a or No — 1	4. RACE — American Indian, Black, White, etc. Specily: Black
PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elamentary/Secondary (0-12) College (1-4 or :	(Give kind of w	USUAL OCCUPATION fork done during most of a retired.)	working	16b. KIND OF BU	JSINESS/INDU	STRY
BE COMPLET			18.		ME (First, Middle, Maider	Surname)	
10	II 19a. INFORMANT'S NAME (Type/Print)	19b. MAILING 920 N	ADDRESS (Street and MI I. STREET	Umber or Rural F			, MD 21205
	20g, METHOO OF DISPOSITION 1 LA Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	206. PLACE AND DATE Of Cemetery, Crematory of off BALTIMOR	E CEMETI	ERY	BAI		RE, MARYLAND
L	21. SIGNATURE OF FUNERAL SERVICE LICENSER	ult	LEROY 4600 I	O. DY	ETT & SC	IC AVE	NERAL HOME
	23. PARY1. Enter the diseases, or complications to shock, or heart failure. List only one disease or condition resulting in death)	or caused the death. Do not use on each line.	ot enter the mode o	f dying, such	as cardiac or resp	iratory arres	Approximete intervel Between Onset and Death
NO	OUE TO	o (OR AS A CONSEQUENCE OF	as lune				
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	O (OR AS A CONSEQUENCE OF) Y PER TENSION DIGHT AS A CONSEQUENCE OF)	¿ dia	betes	•		
	PART II. Other eignificent conditions contributing to						
N: MEDICAL	chronic obstruction	frilmo	1	use givan in i	Pert i. 24a. WAS AN PERFOI	RMEO?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO HOSPITAL:		28, PLACE OTHER:	OF DEATH (Che			
ВУ РН	2 Accident Investigation	F INJURY 28b. TIME (NJU	OF 28c. INJURY / WORK? M 1 TYES		28d. DESCRIBE HOW	NJURY OCCUP	RED
	4 Homicide detarmined	OF INJURY — Al home, farm, sti , etc. (Specify)	reat, factory, office		281. LOCATION (Street City or Town, State)	and Number or	Rurai Routa Number,
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of one) 2 MEDICAL EXAMINER: On the basis of	f my knowledge, death occurred examination and/or investigation.	st the time, deta and p	place, and due to	to the cause(a) and mai	nner as stated.	ause(a) and manner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER ALSLU M FALTS	na W	11)	LICENSE NUM	BER	29d. DATE S	IGNED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CALL BY THE PROPERTY OF THE PERSON WHO COMPLETED CALL BY THE PERSON WHO CALL BY TH	SE OF DEATH (ITEM 27) (Type, F	Print)				

32. REGISTRAR'S SIGNATURE



Port 1, 2, 3 should

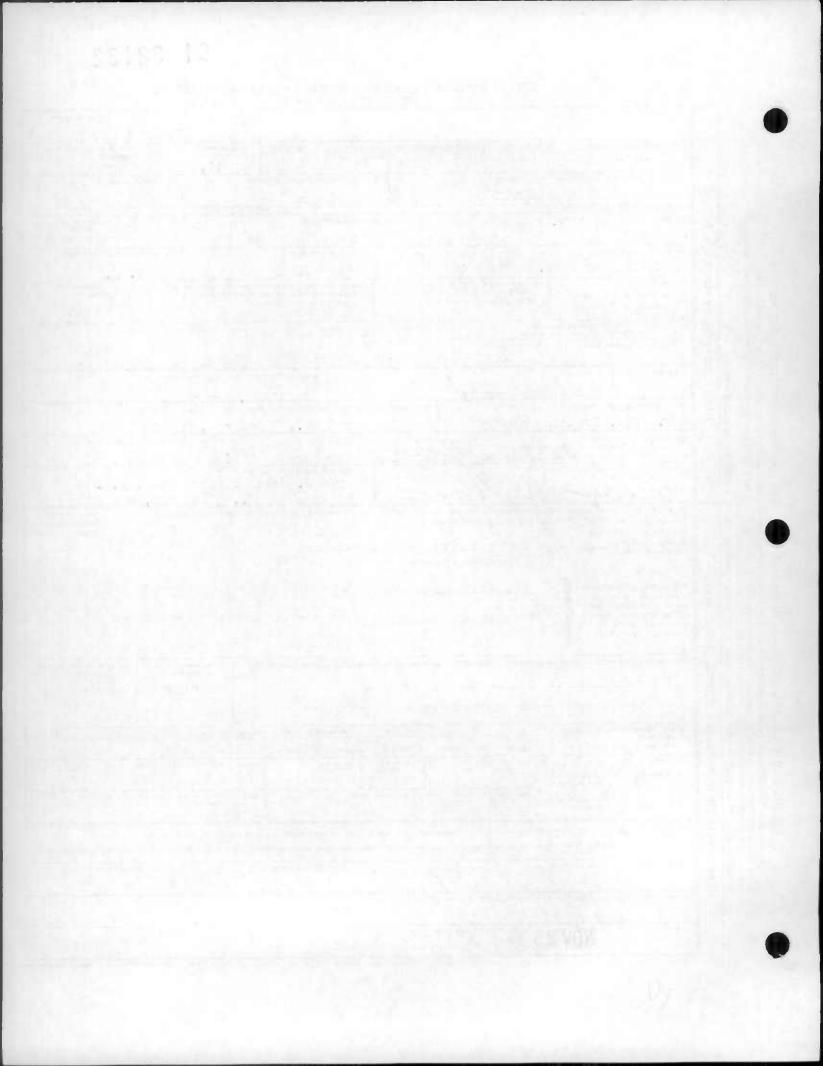
rector.		must
RECION: After this certificate has been signed by the attending physician and completely filled in by the funeral director,		m 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must
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Allei	death	ша
5	after	28 is
HEL	NI'S	E

,	1. DECEDENT'S NAME (First, Middle, Last) Bertha Mae M		k						MONT		DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. la	ast birthday)	IF UNDER	R 1 YEAR	IF UNDE	9 24 HRS		-23- OF BIRTH	91	L BUDTI	10:30a IPLACE (State or Foreign
	213-26-6768	1 M 2 F	60	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mont	23-1	931	Count	Md .
	98. FACILITY NAME (If not institution, give s 908 Wieker Ro					Seve	ern	ON OF DE	ATH			NTY OF E	
Sincolon.	Maryland An	ne Arun	del	10c. CIT	Seve		TION						10d. INSIDE CITY LIMITS? 1 YES 2 NO
	908 Wieker Ro	ad				101	zip cod	114	4		10g. CIT	US.	WHAT COUNTRY?
	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDER FORCES? IF YES, GIVE V	IT EVER IN U.S. AI I YES 2 X	RMED NO		If yes, sp	ENDENT Coecify Cube 2 XNO	ın, Maxica	n, Puarto	i? (Specify Ye Rican, etc.)	e or No—		E — American Indian, k, White, atc.
	15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondary (0-12)	o completed)	(0	ECEDENT'S Give kind of a. Do NOT u	USUAL Owork done	CCUPATIO	ON ist of working	79	186	. KIND OF BU	SINESS/INC		
	12th	College (1-4 or 5	+)		1 C					Wave	rly	Pre	SS
	17. FATHER'S NAME (First, Middle, Lest) Henry Stewart									Middle, Maiden Smi			
	19a. INFORMANT'S NAME (Type/Print) William McCor	mick Sr	. 19	908	Wie	s (Street a	nd Number	or Rural F	Seve	er, City or Tox	vn, Stete, Zip Md.	211	44
	20a. METHOD OF DISPOSITION 1 □ Burial 2 □ Cremation 3 □ Rem 4 □ Donetion 5 □ Other (Specify)	oval from State	20b. PLACE	AND DATE	OF DISPOS	ITION /Na	me of		DAT	F 20c.10	CATION -	City or To	
	21. SIGNATUME ON UNERAL SERVICE CR	B. C	anl		22.	NAME AN	D ADDRE	SS OF FAC	Ch	atma	n &	Har:	ris F.H.
	23. PART I. Entar the diseases, or a hock, or heart failure.	complications that List only one cau	t caused the de	eath. Do r	not enter	the mo	MC G	UII(oh S	liac or resp	alto iratory ari	, Mo	1. 21217
	23. PART I. Entar the diseases, or a shock, pr heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease pr injury that initiated avanta resulting in death) LAST	DUE TO	(OR AS A CONSECUTION AS	OUENCE OF	F):	the mo	de of dyi	C.C	as card	new Mast	iratory an	rest,	Approximata interval Batwo Onset and Da
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21. SIGNATURE	OF FUNERAL SERVI	ICE LICI	ENSEE	O	chediai	22.	NAME AN	D AOORE	SS OF F	en Z	IST	Balti	more	, MD
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Item 23	

31. DATE FILED (Month, 'Day, Year)

32. REGISTRAR'S SIGNATURE

1991

Savidan Rendell

VIRGINIA	Μ.	MANN	A.					2. DATE OF DEATH	DAY 20	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDE	B 1 VEAD	IF UNDER	D DA MOS	7. DATE OF BIRTH	20	- 11	9:58 PM
215 18 26 58	1 M 2 PF	86		MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)	05	Country	
		ital		9b. CIT				ATH			
RESIDENCE OF DECEDENT	an nosp	Ital			Dd	1.611	III O L E	city			
			10c. CIT	Y, TOWN							10d. INSIDE CITY LIMITS?
V .	Baltimo	re						2			1 TYES 2 NO
	AVA				101				10g, CITI		HAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDEN			13.	WAS DEC	ENDENT C	OF HISPAN	IC ORIGIN? (Specify Y	s or No	14. RACE	American Indian.
			NO		If yes, spe	cify Cuba	in, Maxicar	n, Puerto Ricen, atc.)	***	Black, Specify	White, atc.
15. DECEDENT'S EDU	CATION	18a, DE	CEDENT'S	USUAL O	CCUPATIO	iN .		Tab Kills of Bi	1000500		White
(Specify only highest grade Elementary/Secondary (0-12)		(G life.	ive kind of a Do NOT us	vork done se retired.)	during mos	st of working		ISD. KIND OF BU	ISINESS/IND	USTRY	
	4 Year	s Ass	sist	ant	Reg	ist	rar	Univ	ersit	ty o	f Marylan
		1				16. MOTH			,		
19a. INFORMANT'S NAME (Type/Print)	nce mas			ADDRES	E /Stmat a	and Marine have					use
Miriam V.M. M	ason	1									. 21210
20a. METHOD OF DISPOSITION 1 Description 2 Cremation 3 Ram	noval from State	20b. PLACEA	AND DATE	OF DISPOS	ITION /Na	ment		DATE 200 10	CATION	Cibi on Tour	- Ca-1-
4 🗋 Donation 5 🗆 Other (Specify)	A	Lorra	ine	Par	rk C	eme:	tery	11/23 W	oodla	awn,	Md.
· Anny I	176	in On.		22.	MI	ten	ell-	Wiedete	ld Ho	ome,	Inc.
23. PART I. Enfar the diseases or									altin	nore	, Md. 212
anock, or maart lanure.	List only one cau	iaa on aach lina	ath. Do n	ot entar	tha mod	le of dyl	ng, such	as cardiac or rasp	iratory arr	eat,	Approximata Interval Batween
disease or condition	Huh	onet	iem	ia							Oneat and Death
readiting in death)	DUE TO	(OR AS A CONSEC	DUENCE OF	7):					A	3	
Sequentially list conditions,	b. Sy	ndrome	41	ney	land	iria	He A	DH Se	cielh	ca	
if any, leading to immediate cause. Enter UNDERLYING	hai	TA A WALL	TA A	cul	Car	her	no	ulago			
that initiated events	DUE TO	(OR AS A CONSEC	DUENCE OF):							
reaulting in death) LAST	d										
PART II. Other algnificant condition	a contributing to	daath but not re	esulting I	n the un	dariying	cause g	jiven In F	Part I. 24e. WAS AN	AUTOPSY	24b. V	VERE AUTOPSY FINDINGS
											WAILABLE PRIOR TO COMPLETION OF CAUSE
											F DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL											
EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA		t:						
27. MANNER OF DEATH	28s. DATE OF	INJURY	28b. TIME	OF	28c. INJU	RY AT	-		NJURY OCC	URED	
1 Natural S Pending 2 Accident Investigation				М	1 🗌 YI		NO				
3 Suicide 8 Could not be 4 Homicide datarmined	28a. PLACE Of building,	F INJURY — At hor etc. (Specify)	ne, term, e	traat, facto	ory, offica			281. LOCATION (Street City or Town, State)	and Number	or Rural Rou	ite Number,
29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the head of				- 11-2						
(Check only one) 2 MEDICAL EXAMINE	R: On the basis of an	my knowledga, das amination and/or in	nvestigation	o at the ti	me, data a pinion, de	nd placa, ath occure	and dua to	o the cause(a) and mai	nner as atate	od.	nd manner as atesad
29b. SIGNATURE AND TITLE OF CERTIFIER		-	1								
The state of the s	superh			CY:	m .	SAC' FICE	NSE NUME	SER	29d, DATE	SIGNED /	fonth, Day, Year)
	9a. FACILITY NAME (If not institution, give GOOG Samarit RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT 11c. STATE 10c. STREET AND NUMBER 5U9 Regester 11. MARITAL STATUS 1 Naver Married 15. DECEDENT'S EDU (Specify only highest grack Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Lest) William Lawre 19a. INFORMANT'S NAME (Type/Print) Wilriam V. M. M. 20a. METHOD OF DISPOSITION 1 Burlal 2 Cremetion 3 Ram 4 Donation 5 Other (Specify) 11. INDIATURE Of Uteral SERVICE 23. PART I. Enfar the diseasea, or abock, or heart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural S Pending Investigation 2 Accident Check only CERTIFYING PHYSIC (Check only) 1 CERTIFYING PHYSIC (Check only) 1 CERTIFYING PHYSIC (Check only) 1 CERTIFYING PHYSIC (Check only)	9a. FACILITY NAME (If not institution, give street and number) GOOD SAMARITAN HOSP RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MARY JARD 10c. STREET AND NUMBER 5 U 9 Regester Ave. 11. MARITAL STATUS 1 Naver Married 2 Married 1 Naver Married 2 Married 1 Naver Married 2 Married 1 Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5-4) WI J I am Lawrence Mas 19a. INFORMANT'S NAME (First, Middle, Last) WI J I am Lawrence Mas 19a. INFORMANT'S NAME (First, Middle, Last) WI J I am Lawrence Mas 19a. INFORMANT'S NAME (First, Middle, Last) WI J I am Lawrence Mas 19a. INFORMANT'S NAME (First, Middle, Last) WI J I am Lawrence Mas 19a. INFORMANT'S NAME (First, Middle, Last) WI J I am Lawrence Mas 19a. INFORMANT'S NAME (First, Middle, Last) WI J I am Lawrence Mas 19a. 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FACILITY NAME (II not institution, give street and number) GOOD SAMA TITAN HOSPITAL RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland Baltimore 10c. STREET AND NUMBER 5U9 Regester Ave. 11. MARITAL STATUS 1 Naver Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 4 Years 17. FATHERS NAME (First, Middle, Last) William Lawrence Massengale 19a. INFORMANT'S NAME (Type/Print) Wiriam V. N. Mason 20a. METHOD OF DISPOSITION 1 Neural 2 Cremention 3 Removed from State 4 Donation 5 Other (Specify) 21. MINDATURE OF PUBLICAL BERNICE LICENSE 22. PART I, Enter the diseasea, or complications that caused the dealnock, or heart failure. List only one cause on each line in the cause. Enter UNDERLYING CAUSE (Pisease or Injury that Initiated evants reaulting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER OF DEATH 1 Yes 2 No 27. MANNER OF DEATH 1 Yes 2 No 27. MANNER OF DEATH 1 Netural S Panding Investigation 28. PLACE OF INJURY (Month, Dey, West) 27. MANNER OF DEATH 1 Netural S Panding Investigation 28. PLACE OF INJURY — At how building, etc. (Specify) 28. PLACE OF INJURY — At how building, etc. (Specify)	De FACILITY NAME (If not institution, give street and number) GOOD SAMATITAN HOSPITAL RESIDENCE OF DECEDENT 10s. STATE 10s. COUNTY Maryland 10s. STATE 11s. Maryland 11s. DECEDENT'S 11s. DECEDENT'S	9a. FACILITY NAME (If not institution, give street and number) GOOD SAMARITAN HOSPITAL RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryiand Baltimore 10a. STATE 10b. COUNTY Maryiand Baltimore 10a. STATE 10b. COUNTY Maryiand 11c. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO Specify only highest grade completed) 11c. MARITAL STATUS 11c. MARIT	9a. FACILITY NAME (II not institution, give street and number) GOOD SAMATITAN HOSPITAL RESIDENCE OF DECEDENT 10b. COUNTY Maryland Baltimore 10c. CITY, TOWN OR LOCAT Maryland Baltimore 10d. STREET AND NUMBER 5U9 Regester Ave. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN US. ARMED IT YES 2 X INO IF YES, GIVE WAR OR DATES 11. NARITAL STATUS 15. DECEDENT'S EDUCATION (Specify only highest prace completed) Elementary/Secondary (0-12) College (1-4 or 5-1) 4 Years 17. FATHER'S NAME (First, Middle, Lest) William Lawrence Massengale 19b. MAILING ADDRESS (Street ave. 17. FATHER'S NAME (First, Middle, Lest) William Lawrence Massengale 19c. MARITAL STATUS 19b. MAILING ADDRESS (Street ave. 17. FATHER'S NAME (First, Middle, Lest) William Lawrence Massengale 19c. MARITAL STATUS 19b. MAILING ADDRESS (Street ave. 17. FATHER'S NAME (First, Middle, Lest) William Lawrence Massengale 19c. MAILING ADDRESS (Street ave. 19c. MARITAL STATUS 19b. MAILING ADDRESS (Street ave. 19b. MAILING ADDRESS (Street	98. FACILITY NAME (If not institution, gives street and number) GOOD SAMA TITAN HOSPITAL FRESTIDENCE OF DECEDENT 106. COUNTY Maryland 108. STREET AND NUMBER 509. STREET AND NUMBER 106. ZUNY 11. MARITAL STATUS 112. WAS DECEDENT EVER IN U.S. ARMED PORCES? 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED PORCES? 11. Was DECEDENT'S EDUCATION (Specify only highest grade completed) 12. WISDOWN WAR OR DATES 13. WISDOWN WAS OR COMPLETED TO STATUS 14. WE GIVE WAR OR DATES 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16. MOTHER STAME (First, Middle, Leas) 17. FATHER'S NAME (First, Middle, Leas) 18. MOTHER STAME (First, Middle, Leas) 19. MARITAL STATUS 19. MARITAL STATUS	9a. FACILITY NAME (If not institution, give street and number) GOOD SAMARITAN HOSPITAL PRESIDENCE OF DECEDENTY 10a. STATE 10b. COUNTY MARY JAND 10b. SUP CODE 11 MARITAL STATUS 12 MAS DECEDENT SEVEN TO PURSON 17 WISOWNESS (1 YES, GIVE WAN OR DATES) 17 WISOWNESS (1 YES, GIVE WAN OR DATES) 18 DECEDENT'S EDUCATION (Specify only highest grade completed) 17 FATHERS NAME (First, Middle, Last) WIJLIAM LAWYENCHE (First, Middle, Last) 17 FATHERS NAME (First, Middle, Last) 18 DECEDENT'S USUAL OCCUPANTY 19 Mary Reportly Cuben, Market 19 West done during freed of working 19 DECEDENT'S USUAL OCCUPANTY 19 DECEDENT'S USUAL OCCUPANTY 19 DECEDENT'S USUAL OCCUPANTY 19 DESCRIPTION OF USUAL OCCUPANTY 19 DESCRIPTION OF USUAL OCCUPANTY 19 DESCRIPTION OF USUAL OCCUPANTY 19 DESCRIPTION OCCUPANTY 19 DESCRIPTION OCCUPANTY 19 DESCRIPTION OCCUPANTY 19 DESCRIPTION OCCUPANTY 10 DECEDENT SUBLA COCCUPANTY 10 DESCRIPTION OCCUPANTY 10 DECEDENT SUBLA COCCUPANTY 10 DESCRIPTION OCCUPANTY 10 DECEDENT OCCUPANTY 11 DECEDENT OCCUPANTY 12 DECEDENT OCCUPANTY 12 DECEDENT OCCUPANTY 12 DECEDENT OCCUPANTY 13 DECEDENT OCCUPANTY 14 DECEDENT OCCUPANTY 15 DECEDENT OCCUPANTY 16 DECEDEN	98. FACILITY NAME (If not institution, give street and number) GOOD Samaritan Hospital 99. CITY, TOWN OR LOCATION OF BEATH Baltimore City 108. STATE NO NUMBER 50. GTIPL TOWN OR LOCATION Baltimore 109. COUNTY Maryland Baltimore 109. COUNTY Maryland Baltimore 109. CITY, TOWN OR LOCATION Baltimore 109. CITY, TOWN OR LOCATION Baltimore 109. CITY, TOWN OR LOCATION	Security NAME (if not institution, give street and number) GOOD SAMATITAN HOSPITAL Security NAME (if not institution, give street and number) GOOD SAMATITAN HOSPITAL Security Name State Securi	A SCHITT NAME (Figure Makes, page or page) 10. ENDOMENTS NAME (Figure Makes, page or page) 10. MARIAN ADDRESS (Sheet end Number of Page Makes Makes) 10. MARIAN ADDRESS (Sheet end Number of Page Makes Makes) 10. MARIAN ADDRESS (Sheet end Number of Page Makes Makes) 10. MARIAN ADDRESS (Sheet end Number of Page Makes Makes) 10. MARIAN ADDRESS (Sheet end Number of Page Makes Makes) 10. MARIAN ADDRESS (Sheet end Number of Page Makes Makes) 10. 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MAKES (Sheet end Number of Page Makes) 12. MAKES (Sheet end Number of Page Makes) 13. MAKES (Sheet end Number of Page Makes) 14. MAKES (Sheet end Number of Page Makes) 15. MAKES (Sheet end Number of Page Makes) 16. MAKES (Sheet e

DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a considerable of the property of the strength of the s

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR	011111111111111111111111111111111111111	CERTIF	ICATE OI	DEATH	REG. NO		
1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH	M	3. TIME OF DEATH
Dema Ray Mo	Clure				November 2	21 1991	5:00 A
4. SOCIAL SECURITY NUMBER 165-50-2784	5. SEX 8. A	GE (In yrs. last birthday) 90 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	6. BIRT Coun	HPLACE (State or Foreign
9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF D		9c. COUNTY OF	
21506 West Liber	y Road		Parkt	on		Baltimo	ore
10a. STATE 10b. COUN			ry, town on Loc Parkton	ATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
Maryland Balt	timore			IOI. ZIP CODE		109 CITIZEN OF	WHAT COUNTRY?
21506 West Liber	ty Road	40		21120		USA	
11. MARITAL STATUS 1 Never Married 2 Married 3 Midowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 1 1	ES 2 NO	It yes,		NIC ORIGIN? (Specify Yean, Puarto Rican, atc.) fy:	Blac	ck, White, atc.
15. DECEDENT'S ED		16a. DECEDENT	S USUAL OCCUPA	TION	16b. KIND OF BU	ISINESS/INDUSTRY	
(Specify only highest grad Elamentary/Secondary (0-12)	College (1-4 or 5+)	IIIo. Do NOT	work done during luse retired.)	nost of working	Own 1	Home	
17. FATHER'S NAME (First, Middle, Last) Charles Edward G	reer			18. MOTHER'S NA	AME (First, Middle, Maider Beatrice	Wolfe	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	IG ADDRESS (Street	t and Number or Rural	Route Number, City or Tox	wn. State. Zip Code)	
Judith Smith					Parkton, I)
20a. METHOD OF DISPOSITION	moval from Stata	20b. PLACE OF DISPO	OSITION (Name of	cemetery, crematory or	20c. L	OCATION — City or	
snock, or near failure immediate CAUSE (Finei disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR DUE TO (OR d.	AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE	OFFI:	tips of		arctir vilun culque DAMED? 2:	Interval Betw Onset and D
					1 TYES	,	AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C	check only one)		
1 TYES 2 NO	1 Inpatiant 2 ER		4 🗆 Nursing i	~	8 Other (Specify)		
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJ (Month, Day, Y		NJURY	INJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW	/ INJURY OCCURED	
3 Suicide 6 Could not be determined	28e. PLACE OF IN building, etc.	JURY At home, farm (Specify)	n, street, factory, o	ffice	281. LOCATION (Stree City or Town, State	et and Number or Rura (19)	al Route Number,
(Check only	/SICIAN: To the best of my NER: On the basis of axem						e(a) and manner as stat
SOL BIOMATURE AND TITLE OF CENTER	IER TO	-00	MI	29c. LICENSE N			ED (Month, Day, Year) 22, 1991
30. NAME AND ADDRESS OF PERSON Dr. Reginald B.	who completed cause of	Springs	rpe, Print)				22, 1991
31. DATE FILED (Month, Day, Year)	32: REGISTRAR'S			- Dewart	ocomi, ra.	1,000	



	1 - STATE REGISTRAR	OINIE OI INA	CEI	RTIF	ICATE OF	DEAT	AND I	MENIAL HYGIENI REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	I. M	ERK		-	DEA		2. DATE OF OEATH MONTH DA	1	MEAR 3	TIME OF OEATN
	01. 11031	5. SEX 6.	AGE (In yrs. last b	oirthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTN (Month, Day, Year)		Country)	ACE (State or Foreign
	90. FACILITY NAME (If not institution, give street	et and number)	70	_	9b. CITY, TOWN C	P LOCATI	ON OF DE	05/03/13		Maryl	
DIRECTOR	Baltimore County G		ospital		Randa			AIN		itmor	
E	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LOCAT	ION				14	Dd. INSIDE CITY
DIR	Maryland Balti	more		T.	Malethorn	20					LIMITS?
님	10e. STREET AND NUMBER			1		ZIP CODI			10o CITIZI		T COUNTRY?
ER	5740 First Avenue					21	227		USA		.,
FUNERAL	11. MARITAL STATUS 1	2. WAS DECEDENT E	ER IN U.S. ARME	ED	13. WAS DEC			IC ORIGIN? (Specify Yae	-		- American Indian,
ВУ	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1	OR DATES		If yee, spe	cify Cube	n, Maxicer Specify	n, Puarto Rican, atc.)		Black, V Specify	White
ED	15. DECEDENT'S EDUCAT	TION	16e. DECE	DENT'S	USUAL OCCUPATIO	N .		16b. KIND OF BUS	NESS/INDU	STRY	MITCE
COMPLETED	(Specify only highest grade coll Elementary/Secondary (0-12)	mpleted) College (1-4 or 5 +)	(Give	kind of to NOT us	work done during mos se retired.)	st of workin	g				
AP			home	emak	er			OVATO	home	2	
Ö	17. FATNER'S NAME (First, Middle, Last)					18. MOTH	IER'S NAI	ME (First, Middle, Maiden S			
BE (John N. Baker							th M. Hume			
5	19e. INFORMANT'S NAME (Type/Print)		19b. A	MAILING	ADDRESS (Street as	nd Number		loute Number, City or Town,		Code)	
-	Audrey Worthington			1162	Elm Roa	ad A	rhut	us. Maryla	nd 21	227	
	20e. METNOD OF DISPOSITION 1√2 Burlel 2 ☐ Cremetion 3 ☐ Ramove	I from State	20b. PLACE AND	DATE	OF DISPOSITION (Nat	me of			ATION - CI		, Stata
	4 Donetlon 5 □ Other (Specify)		cemetery, crema			toru	. 1	1/23/91 0	organ	, Ma	ruland
	21. SIGNATURE OF PUNCHAL SERVICE LICEN	see)	- ricade	MT I				1/23/91 D		1010	T Y TOLLO
	* Tolent	-	whe.					al Home, In			
1	23. PART I. Entar the diseasea, pr con	nplicationa that ca	used tha deatl	h. Do r	not anter tha mod	da of dyl	ng, auch	Spring Roa	d 212	27	Approximate
	IMMEDIATE CAUSE (Final	SEP DUE TO (OR	on each lina.								Interval Batween Onsat and Death
		DUE TO (OR	AS A CONSECUE	ENCE OF	7:	ICA					
CERTIFICATION	Sequantially list conditions, if sny, lasding to immediate	DUE TO (OR	AS A CONSEQUE		MON	111					
S	CAUSE (Disease or Injury										
	that initiated events reaulting in death) LAST	DUE TO (DR	AS A CONSEDUE	ENCE OF	7):						
B	d										
	PART II. Other significant conditions of	ontributing to dea	th but not raa	ulting I	n the underlying	cause g	iven In I				FRE AUTOPSY FINDINGS
DICAL	CHE MY	ELOP	ROLL	FE	BRAT	IVE		PERFORM			AILABLE PRIOR TO EMPLETION OF CAUSE
ME		,		DI	CEALE	-					DEATH?
ž				11	101170						_ 123 2 _ NO
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. PL/	ACE OF DE	ATH (Che	ck only one)			
SIC	4 (7) 1000 4 (7) 110	OSPITAL:	Outpatient 3 🗆	DOA	OTHER: 4 Nursing Nome	5 🗆 Rei	sidence (Other (Specify)			
E	27. MANNER OF DEATN	28e. DATE OF INJE (Month, Day, W		6b. TIM	E DF 26c. INJU	RY AT		26d. DESCRIBE NOW IN.	JURY OCCU	RED	
ВУ	1 Natural 5 Pending 2 Accident investigation	(1.10.11.1, 2.1), 1.	,,,,	1143		ES 2	NO				
ED	3 Suicide 6 Could not be	28a. PLACE OF IN. building, etc.	JURY At home.	, farm, s	traat, factory, office			261. LOCATION (Street an	d Number or	Rural Route	a Number,
	4 Nomicida datermined		(0,000,7)					City or Town, State)			
P.	29a. CERTIFIER (Check only 1 CERTIFYING PNYSICIAL	N: To the best of my	knowledge, death	occurre	d at the time, date	end place.	end due t	o the cause(e) and menn	ar as stated		
COMPLET	one) 2 MEDICAL EXAMINER: C	On the beale of axami	nation and/or inve	stigatio	n, in my opinion, da	ath occur	d at the t	ime, date end place, end	due to tha	cause(e) en	d manner ee stated.
EC	296. SIGNATURE AND TITLE OF CERTIFIER	100				29c. LICE					onth, Day, Year)
0	C. Pair	XW				1º)]-	7333	D 11	. 21	.91
2	30. NAME AND ADDRESS OF PERSON WHO CO	DMPLETED CAUSE D	F DEATN (ITEM 2	7) (Type,	Print) ALI	500	wa	MDZ	117	7	7
	31. DAN DEV (1/2/50-1/99)	The REDISTRANS	SIGNATURE No. Ganda 90		77.10			1111	. کــ ۱۱	٠ د	
- 1	(1										

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Menial Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

LECT 25 YEAR

	1 - STATE REGISTRAR	STATE OF MARYLANI	D / DEPARTME	NT OF HEAL	TH AND	MENTA	L HYGIE	NE		
	1. DECEDENT'S NAME (First, Middle, Last)	on (Mor	RTON HACK)		2. DATE		DAY	XEAR	3. TIME OF DEATH
	214-14-6781	1 📈 M 2 🗆 F	70 YRS. IF UN		INDER 24 HRS.	(Mon	OF BIRTH (h, Day, Year)		Country	PLACE (State or Foreign ARYLAND
CTOR	99. FACILITY NAME (If not institution, give street SINAT HOSPITAL RESIDENCE OF DECEDENT	et and number)	MORTO		IMORE		GMS	9c COUNT	Y OF DE	АТН
- DIRECTOR	MARYLAND 10b. COUNTY	7. 81 £ 9	10c. CITY, TOW	N OR LOCATION	H AC	DAD	no			10d. INSIDE CITY LIMITS? 1 XYES 2 NO
FUNERAL		APT D 12. WAS DECEDENT EVER IN U.S. FORCES? YES 2	ARMED	for ZIPA	2121 NT OF HISPA	NIC ORIGI	4? (Specify Ye	יט יי	SA 4. RACE	HAT COUNTRY? — American Indian,
ВУ	1 Never Merried 2 Married 3 Wildowed 4 Divorced	F YES, GIVE WAR OR DATES WWII - NAVY		If yes, specify (Ricen, etc.)		Specify	WHITE
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co Elementary/Secondery (0-12)	college (1-4 or 5+)	DECEDENT'S USUAL (Give kind of work don life. Do NOT use retired	ne during most of w d.)	vorking		ORREC	PIONAL ESSUP	CAN	1P CENTER
BE CON	17. FATHER'S NAME (First, Middle, Last) ALEXANDE		-DITAL SIK				Middle, Maider A. BEI	Surneme)	EID	
10	190. INFORMANT'S NAME (Type/Print) MR. SYLVAN HACK		196. MAILING ADDRE	ESS (Street and Nur VYMOUNT				vn, State, Zip C)
	20a_METHOD OF DISPOSITION 1 (ABurla) 2 Cremation 3 Removi 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN	of from State cemetery,	2	OSITION (Name of CHIZUK A 2. NAME AND ADI SOL LEVI	DRESS OF FA	CILITY	22/91			RE, MD
ERTIFICATION	23. PART I. Enter the disesses, or conshock, or heert failure. Lis IMMEDIATE CAUSE (Final disesse or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reauiting in death) LAST	DUE TO (OR AS A CONDUE TO (OR AS	SEQUENCE OF):	er the mode of	dying, auc	h es cerr	diec or resp	iratory arres	it,	Approximate interval Between Onset and Death
SICIAN: MEDICAL C	BART II. Other algorificant conditions of GARGY CHE IT	contributing to death but no	ot resulting in the t	underlying caus	se given in	Part I.	24e. WAS AN PERFOI 1 YES	PMED?		WERE AUTOPSY FINDINGS MAIL ABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? I YES 2 NO
CIA		OSPITAL:	ОТН	26. PLACE O	F DEATH (Che	eck only on	θ)			
BY PHYS	27. MANNER OF DEATH 1 Netural 5 Pending	Inpatient 2 ER/Outpatient 28a. DATE OF INJURY (Month, Day, Year)		28c, INJURY AT WORK?				NJURY OCCU	RED	
	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm, atraet, ta	ectory, office		281. LOCA	ATION (Street or Town, State)	and Number or	Rural Ro	ute Number,
COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA 2 MEDICAL EXAMINER: (N: To the best of my knowledge, On the basis of examination end/	death occurred at the or investigation, in my	time, date and pl	ace, end due cured at the	to the cau	se(e) and me end place, er	onner ae stated.	euse(e)	and menner as stated.
IO BE	296. SIGNATURE AND TITLE OF CERTIFIER	den'		29c. 1	L-9(BER O ()		29d. DATE S	IGNED (I	Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO C	pital	Belve	cher	1 +	61	een.	spr,	ni	
	NOV 25 1991	32. REGISTRAR'S SIGNATURE	talle					Bult.	m	el

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTII	FICATE C	F DEATH	REG. I	VO.				
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH			
Norma 4. SOCIAL SECURITY NUMBER	Bell	Neale			Nov. 1	9 1991				
148-10-5472	1 🗆 M 2 💢 F	71 YRS.	MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year, Dec. 17		BIRTHPLACE (State or Foreign Country) New Jersey			
9a. FACILITY NAME (If not institution, give s Meridian Multi M RESIDENCE OF DECEDENT	edical Cer	nter		WSON	9c. COUNTY OF DEATH Baltimore					
Meridian Multi M RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTS Maryland Baltin		10c. CI	TY, TOWN OR LO			10d. INSIDE CITY LIMITS?				
	nor e		Timoni	10f. ZIP CODE			1 YES 2 NO			
106. STREET AND NUMBER 3 Kilglass Cour 11. MARITAL STATUS				21093		US	A OF WHAT COUNTRY?			
3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 NO	If yes	Specify Cuban, Mexic (ES 2 XNO Specific	ANIC ORIGIN? (Specify cen, Puerto Rican, etc.) city:	Yaa or No 14.	BACE — American Indien, Black, White, atc. Specify: White			
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Last) William H. Doll	CATION completed) College (1-4 or 5+)	16a. DECEDENT' (Give kind of life. Do NDT	S USUAL OCCUP f work done during usa retired.)	ATION most of working	16b. KIND OF I	BUSINESS/INDUS	TRY			
12 17. FATHER'S NAME (First, Middle, Last)		Hou	sewife		Homer					
William II. Bell,	Sr.			18. MOTHER'S N	Marie Marie M	n. Mille	r			
William F. Neale		196. MAILIN	G ADDRESS (Stre	ct. #302	Route Number, City or 1	own, State, Zip Co	^{de)}			
26e METHOD OF DISPOSITION 1 Method 2 Cremetion 3 Remo	oval from State	20b. PLACE AND DATE	OF DISPOSITION	(Neme of	DATE 20c.	LOCATION City	or Town, State			
21. SIGNATURE OF FUNERAL SERVICE VIC	10 CO 0	hel	22. NAME	AND ADDRESS OF F	ACILITY:		1 Timonium,			
Dugan B	ryan W. C	lary	Lem 10 V	Mon-Mitc	hell-Wiede	feld	Md. 21093			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (CH	AS A CONSEQUENCE OF	P():		0		0			
	l.									
PART II. Other significant condition	i contributing to de	ath but not resulting	in the underly	ing cause given in	Pert I. See Was Pene	NALITOPSV OHMED? 2 100	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 VES 2 0 NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	Monthedisco 3 C 004	OTHER:	PLACE OF DEATH (C	CONTRACTOR OF THE PARTY OF THE					
27. MANNER OF DEATH 1 Natural 5 Pending	28s. DATE OF INJ (Month, Day 1	URV. 28h. TIN	AE OF 28c.	NUMBEY AT WORKS	8 (1) Other (Specify) 28d. DESCRIBE HOW	MUURY OCCUR	10			
2 Accident Investigation 3 Suicide 6 Could not be determined	28s. PLACE OF IN building, etc.	JURY — At home, fame, (Specify)		YES 2 NO	ZBF. LOCATION /Stree City or Tawn. Star	t and Number or R	lural Plaute Number			
29s. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the beat ot my	knowledge, death occurr	red at the time, d	nta and pieca, and du	e to the cause(a) and π	nanner as stated.				
2 MEDICAL EXAMINES		instion and/or investigation	on, in my opinion	1			use(a) and manner sa stated.			
(MADIN	M2 1			D 33	(427	29d, DATE SIG	SNED (Month, Day, Year) - 20 - 91			
John C. Downs,				r., Suite	504, Tow	son M	d 21204			
31. DATI (LED (Month, Day, Year) NOV 2.5 1991	Guha Day	SIGNATURE SON ACRES		, 20,00	30.7 7011	2011, 111	4. 21204			

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumutic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PRESIDAN. The law requires that the death certificate be executed within 1 TO THE FUNERAL DIRECTOR. After the certificate has been signed by the attending physician and companies be filed within 72 hours after death with the State Days, or Health and Merital Hypere prior to burial, centralis DIVISION OF VITAL RECORDS, P.O. BOX 68760,

III withe funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

NOV 25 1991

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NOVED 1991 SECRETARY



BALTIMORE, MARYLAND 21203-3146 the hospital 3 6 may be retained Page death, BOX 13146,

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DIVISION OF VITAL RECORDS,

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BALTIMORE, MARYLAND 21215-0	24 hours after death. Page 6 may be retained by the hospital or attending	filled in by the funeral director, page 5 should be detached for use as the on, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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HOSPITAL OR ATTENDING PHYSICIAN:

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH M. Parker 2. DATE OF DEATN Helen Helen 11 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign 213-10-1533 D 1 M 2 F April 25,1907 Maryland 9a. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN St. Agnes Hospital FUNERAL DIRECTOR Baltimore RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Anne Arundel Maryland Pasadena 1 YES 2 NO 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7872 A W. Riverside Drive 21122 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Maxican, Puario Ricen, atc.) 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Merried 2 Married BY 1 YES ZX XNO Specify specify: White 3 Widowed 4 Divorced BE COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) **H**Omemaker Domestic 17. FATNER'S NAME (First, Middle, Last) 1a. MOTNER'S NAME (First, Middle, Maiden Surname) Robert M. Cox Maude Whitehouse 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 2 Nelson H. Parker, Sr. 7872 A W. Riverside Drive Pasadena, Md. 20a. METNOD OF DISPOSITION

1 😾 Burlal 2 🗆 Cremation 3 🗆 Ramoval from State
4 🗎 Donation 5 🗗 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Baltimore National Cem. 11/21/91 Baltimore, Maryland 22. NAME AND ADDRESS OF FACILITY Mc Cully Funeral Home of Pasadena 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart fallure. List only one cause on each line. 3204 Mountain Rd. Pasadena, MD. 21122 Approximata Interval Batwean **Onaat and Death** diseasa or condition EBROVAJONIAR ARRIDEN reaulting in death) REPUBLICIONATIC COLDINATEUR DISAST CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): if any, laading to immediata cause. Entar UNDERLYING CAUSE (Diseasa or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED' 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN:

EXAMINER?			28. PLACE OF DEATH (C	theck only one)	Ĩ
1 YES 2 NO	NOSPITAL:	DOA 4 Nu	R: Irsing Home 5 - Residence	8 Other (Specify)	
1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE NOW INJURY OCCURED	
3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At hor building, efc. (Specify)	me, ferm, street, fec	ctory, office	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner es atated. MEDICAL EXAMINER: On the besis of exemination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and mennar as attend-29b. SIGNATURE AND TITLE OF CERTIFIER

29c. LICENSE NUMBER

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE NOV 25

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DNMN-16 Rev 1/89

29d. DATE SIGNED (Month, Day, Year)

[(1))	st, Middle, Last)	Pa	rker	/				2. DATE OF MONTH	DEATH DAY		YEAR	3. TIME OF DEATH 7:150m
4. SOCIAL SECURITY NUM 579-20-0425		5. SEX	B. AGE (In yrs. I	last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS	MIN.	?. DATE OF (Month, D	lay, Year)	22 U	Countr	Marlboro,
98. FACILITY NAME (If not PRINCE CESIDENCE OF DE 108. STATE	ESP4E CEDENT	= HOSPH	FAL C	NTR	9b. CITY, TOWN	OR LOCATI	ON OF DE			9c. COU	INTY OF D	EATH
Md	10b. COUNT	PG										10d. INSIDE CITY LIMITS? YES 2 NO
100. STREET AND NUMBER 1013 58th 7 11. MARITAL STATUS 1 Never Married 3.5 3 Wildowed 4 Div		La vino nacembra				101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY USA					VHAT COUNTRY?	
1 Never Married 3 Uldowed 4 Div		12. WAS DECEDENT FORCES? 1X IF YES, GIVE WAI	XYES 2		If yea, sp	CENDENT Copecify Cubs	ın, Maxica	IIC ORIGIN? (5 n, Puerto Rice /:	Specify Yaa (in, atc.)	or No	Black	E — American Indian, c, Whita, atc. ffy: ack
	CEDENT'S EDU nhy highest grade (0-12)		1 1	Give kind of the Do NOT us		ON ost of working	ng	16b. KII	ND OF BUSI	NESS/INC	DUSTRY	
17. FATHER'S NAME (First, Joseph E.)		rker						ME (First, Midd		Gurneme)		
19a. INFORMANT'S NAME Cecil Alb		arker	1	Same	as 10	end Number			City or Town,	Stete, Zip	Code)	
20a. METHOD OF DISPOSI	or (Specify)		cemetery, c	rematory or o	emorial	Park		DATE	Lan	dove	City or To	d
21. SIGNATURE OF FUNER	CON	Smil	1					NE,				o., Inc.
23. PART i. Enter the shock, or i	diaeases, or o	complications that o										
iMMEDIATE CAUSE (Fi disease or condition reaulting in death)	nal	a. CAY	e on each iir	0	?ULX	101	JAY	RY	A	RNI	72 <i>5</i> 7	Approximate interval Between Onset and Death
IMMEDIATE CAUSE (Fi	tions, ediate	a. CAY DUE TO (0) DUE TO (0) DUE TO (0)	R AS A CONSI	EOUENCE OF	2021 STIVE STIVE	10A SE	-27 -27	RY	A I	RRI	₹ST K	Interval Between Onset and Deat M (IV US) HOUR)
immediate cause (Fi disease or condition resulting in death) Sequentially list condition if any, leading to immediate cause. Enter UNDERLY CAUSE (Disease or injusted evental resulting in death) LASPART II. Other aignific	tions, addate ring ury	BUE TO (O DUE TO (O DUE TO (O DUE TO (O C C DUE TO (O DUE TO (O	R AS A CONSI	EOUENCE OF	TUE	A R Cause of	LAV	Part 1. 24	A SH	C /L	FST K	Interval Between Onset and Death H (IV US)
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iMMEDIATE CAUSE (Fi disease or condition reaulting in death) Sequentially list condition reaulting in death) Sequentially list condition reaulting in death) CAUSE (Disease or inj that initiated eventa reaulting in death) LAS PART II. Other algnific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Netural 5	tions, addate ring and condition ro MEDICAL	B. CANDUE TO (O DUE T	R AS A CONSI	TE LE	n the underlyin 26. Pl OTHER: 4 Nursing How UN C 26. Pl OTHER: 4 Nursing How UN C V C OTHER: V C OTHE	A RCC A RCC G Cause 9 LACE OF O URY AT URY AT YES 2	given in in EATH (Che isldence	Part I. 24 SE 1 ock only one) 6 Other (S) 26d. DESCRI	S H	UTOPSY IED?	ZST Z4b.	Interval Between Onset and Death IN IN U.S. IN IN U.S. IN I
immediate cause (Fi disease or condition reaulting in death) Sequentially list condition reaulting in death) Sequentially list condition reaulting in death cause. Enter UNDERLY CAUSE (Disease or injuthat initiated eventa reaulting in death) LA: PART II. Other algnific 25. WAS CASE REFERRED EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH Mutural 5 Notice of Calcident and Society of Check only 1 CERTIFIER (Check only 1 CERTIFIER Check only 1 CERTIFIER Check only 1 CERTIFIER CONTINUED TO CONTINUED	tions, addate ling and condition of the ling line line line line line line line line	BUE TO (O DUE TO (O	R AS A CONSI	Teourne on Parish and	26. Pl OTHER: 4 Nursing Hom BOF URY M 1 Itreet, factory, officed at the time, data	A R C G G Cause & C C C C C C C C C C C C C C C C C C	EATH (Che isldenca	Part I. 24. SE 11 Seck only one) 6 Other (Si 26d. DESCRI	S H	UTOPSY IED? NO UNITOPSY IED? NO ON ON ON ON ON ON ON ON O	24b.	Interval Between Onset and Death IN IN U.S. IN IN U.S. IN I

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTAAR		CERTIFIC	ATE OF	DEATH		REG. NO.			
1. DECEOENT'S NAME (First, Middle, Last) James	JAMES F. Redden	FRANCIS	REDDE	N	2. OATE O	of DEATH DA	11-19 91	-91 :	4:10 A
4. SOCIAL SECURITY NUMBER 218 10 4244	5. SEX 6. AGE (In yr.		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		Oay, Year)	1	Country)	LACE (State or Foreign
9a. FACILITY NAME (If not institution, give Wicomico I	street and number) Nursing Home	96.		lisbury	ATH			icomi	
10a. STATE 10b. COUN	comico County		WN OR LOCAT						IOd, INSIDE CITY LIMITS?
John B. Parsons	Home/Lemmon Hi	11	10f.	ZIP COOE 21801			10g. CITI	USA	AT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merriad 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	CN .	If yea, spe	NDENT OF HISPAN city Cuben, Mexica 2 NO Specify	n, Puarlo Ri			14. RACE - Black, Specify.	- American Indian, White, etc. White
15. OECEOENT'S ED (Specify only highest grsc Elementary/Secondary (0-12) 12+		n. DECEDENT'S USU (Give kind of work Ille. Do NOT use ref	done during mos ired.)	etired	Tr	ruck D	river		
17. FATHER'S NAME (First, Middle, Last) LOUIS F'ILMORE	REDDEN			18. MOTHER'S NA ETHE		NCES 1			
19a. INFORMANT'S NAME (Type/Print) N. Eugene Redde:	n Brothe			d Number or Rural I					004
20a. METHOO OF OISPOSITION 1 Burlal 2 Cremation 3 Rei 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	moval from State 20b. PL off	ACE OF OISPOSITIO	N (Name of cent	od Circl etery, cremetory or D AODRESS OF FA Baltim	CILITY	20c. LO STATE	ANAT	OMY E	n, State
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	eDUE TO (OR AS A CO	oma of the one of the			metas	tasis		the ing	Onset end De
PART II. Other significant condition	ns contributing to death but r	not resulting in th	ne underlying	cause given in	Part i.	24a. WAS AN PERFOR 1 YES 2	MED?		WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? I YES 2X NO
25. WAS CASE REFERRED TO MEDICAL	, ,		26. PL	ACE OF OEATH (Ch	eck only one	9)			
EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Outpetie		THER:	5 🗆 Residence					
27. MANNER OF OEATH 1. Netural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	WO	JRY AT RK?	28d. OES	CRIBE HOW I	NJURY OC	CURED	
2 Accident investigation 3 Suicida 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY	At home, farm, stree			28f. LOCA City o	ATION (Street or Town, State)	and Number	or Rural Ro	ute Number,
anal .	SICIAN: To the best of my knowledg								end menner eg stated.
29b. SIGNATURE AND TITLE OF CERTIFI	ER	my	7	DOZOZÓ	MBER			E SIGNEO (Month, Day, Year) /19/91
30. NAME AND ADDRESS OF PERSON W federi 31. DATE FILM (NAME), 42, 25, 100	co G. Arthes, A	MD 1622		n Pines,	, Ber	lin, I	Md. 2	1811	



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	9	Her	ath
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	TO THE HIGHTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after di	TO THE PUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f	In that within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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		1 - FOR STATE REGISTRAR	STATE OF			TMENT OF			MENTAL HYGIEN REG. NO	E	144
		1. DECEDENT'S NAME (First, Middle, Last) Margar	ret Catl		,	ntzell			2. DATE OF DEATH MONTH D. NOV. 21		3. TIME OF DEATH
)		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yr	s. last birthday)	IF UNDER 1 YEAR	1	ER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country)
1		220-12-6391	1 M 2 KF	87	YRS.	MONTHS DAYS	HOURS	MIN.	June 6 19	904	Pennsylvania
	Œ	9a, FACILITY NAME (If not institution, give s		6.	•	9b. CITY, TOWN	9				TY OF DEATH
	CTO	Herman Wilson	nealth C	are Ct	r.	Gait	hers	burg	9	Mor	ntgomerý
	DIRECTOR	10s. STATE 10b. COUNT			toc. CIT	Y, TOWN OR LOCA	TION				10d. INSIDE CITY
		Maryland Mon	tgomery		G	aitherst					1 TYES 2 NO
	ERAL	201 Russell Aven	nue			10	208	_		10g. CITIZ	EN OF WHAT COUNTRY?
	FUN	11. MARITAL STATUS	12. WAS DECEDE	NT EVER IN U.S	. ARMED	13. WAS DE	CENDENT	OF HISPAN	NIC ORIGIN? (Specify Yar		14. RACE — American Indian,
	BY	1 X Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE	1 YES 2	¥_NO	If yea, s	S 2X NO	oan, Maxica	in, Puerto Rican, aic.)		Specify: White
	TED	15. DECEDENT'S EDU (Specify only highest grade	ICATION completed)	184	(Give kind of v	USUAL OCCUPATE	ION ast of work	kina	16b. KIND OF BUS	SINESS/INDU	STRY
	PLET	Elementary/Secondary (0-12)	College (1-4 or 5	+)	life. Do NOT us	e retired.)					7,
once.	COME	17. FATHER'S NAME (First, Middle, Last)			Draft	sman	140, 140	THENIC MA	Black ME (First, Middle, Maiden		cker
a a	E C	William Koons F	Rentzell							utled	ae
notified	TO B	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Street			Route Number, City or Tow.		to any
be no	-	Mary Lou True			8839	Rose I	Hill	Drive	e, Orlando	, Flo	rida 32818
nust		20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from Stata	20b. PLA	CEAND DATE (rty Met	ame of	h Ca			ily or Town, Stata
ner n		21. SIGNATURE OF FUNERAL SERVICE LIN	CENSEE	Mes	LIDE	22. NAME A	ND ADDR	ESS OF FA	CILITY		all, Md.
шеха		Drya	W. Cla	La	ry	Lemm	ion-l	Witch	ell-Wiedefe		
Ical		23. PART I. Enter tha diseases or	complications the	at causad the	daath. Do r	ot antar the me	ode of de	ving auc	h sa cardiac or resoi	ioniun	n, Md. 21093
injury, or other traumatic event, the medical examiner must		shock, or heart failura. IMMEDIATE CAUSE (Final diaeaaa or condition resulting in death)	a. Cert	e bra	lina.	com-t				intory arre	Interval Batwean Onaat and Death
umatic eve	TION	Sequantially list conditions, if any, leading to immediate	. Cero	O (OR AS A CON O (OR AS A CON	OC.	terios			15	2,	10 yrs
ther tra	ERTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated avanta	c. DUE TO	OR AS A CON	ISEOUENCE OF):					
010	ERT	reaulting in death) LAST	d								
Injury	N C	PART II, Othar aignificant condition	s contributing to	death but n	ot resulting i	n tha underlyin	g causa	given in	Part i. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
23 shows any	AN: MEDICA	Probable !	Hzhei	mers	dis	Tease			PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 YO
item	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. P	LACE OF	DEATH (Che	eck only one)		
0	PHYS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2		28b. TiMi		DURY AT	tasidence	6 Other (Specify)		
marked,	BY PI	1 Natural 5 Pending Investigation	(Month, L	Day, Year)	INJ	M t 🗆	YES 2	□ NO	28d. DESCRIBE HOW II	NJURY OCCU	IRED
28 Is	ETED	3 Suicide 8 Could not be 4 Homicide datarmined	28s. PLACE (building	OF INJURY — A , atc. (Specify)	t homa, farm, a	treel, tectory, offic	:0		28t. LOCATION (Street a City or Town, State)	nd Number o	r Rural Route Number,
IMPORTANT: If item	COMPL	2 MEDICAL EXAMINE	R: On the basis of s	f my knowledge	, death occurre	d at the time, date n, in my opinion, o	and plac	e, and due	to the cause(a) and man	ner as stated	i. cause(s) and manner se stated.
MPOR	TO BE	ING. SUCHATURE AND TITLE OF CERTIFICATION	SCIL	or	->		29c. LIC	723	IBER	29d. DATE	SIGNED (Month, Day, Year)
	-	30. NAME AND ADDRESS OF PERSON WH	10000 c	Jc. 2	07 B	Print)	« A	Va	Gaidhe	156	un MD
1	-	31. DATE FILED (Month, Day, Year) AIOV 95 1991	0	AR'S SIGNATUR							

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIEN
CERTIFICATE OF DEATH	REG. NO.

REGISTRAR		CERTI	FICATE O	F DEATH		REG. NO.				
1. DECEDENT'S NAME (First, Middle, Las	1)				2. DATE	OF DEATH			3. TIME OF DEA	ATH
Hannah			Rowe		MONT	18		YEAR	12:33	DM
4. SOCIAL SECURITY NUMBER	5. SEX 6.	. AGE (In yrs. last birthday	F UNDER 1 YEA	IF UNDER 24 HRS.		OF BIRTH	1	e. BIRTI	IPLACE (State or F	
213-14-4310	1 [] M 2 [X]F	77 YRS.	MONTHS DAY	HOURS MIN.	(Men	4 124		Count		7
9a. FACILITY NAME (If not institution, give	street and number)		96. CITY, TOW	N OR LOCATION OF	DEATH		9c. COUN	TY OF D	Ito, Mo	1.
201 N Broadw	av-Indian	Doom	Dol+	imore						
201 N. Broadw										
10a. STATE 10b. COUN	ITY		TY, TOWN OR LO						10d. INSIDE CIT	Υ
Maryland			saltimo	re City	7				1 XYES 2	NO
100. STREET AND NUMBER 948 Webb Court				10f. ZIP CODE			10g. CITI		WHAT COUNTRY?	
7	,			21202				USI	A	
11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT E		13. WAS D	ECENDENT OF HISP specify Cuben, Mexi	ANIC ORIGI	N? (Specify Yan	or No	14. RACE	E — American Ind k, White, atc.	ilan,
3 Widowed 4 Divorced	IF YES, GIVE WAR			ES 2 XNO Spe		rucan, etc.)		Speci	ffy:	
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(Specify only highest gra-	de completed)	(Give kind of	S USUAL OCCUPA work done during	TION most of working	16k	, KIND OF BUS	INESS/IND	USTRY		
Elementary/Secondary (0-12)	College (1-4 or 5+)	1110. 20 1101	asa rearea.)							
17. FATHER'S NAME (First, Middle, Last)				1						
				16. MOTHER'S I						
Harry Plater 19a. INFORMANT'S NAME (Type/Print)		-		Paul	line	Chapm	an			
2				t and Number or Run						
Martha Plater		1 1818	Barcl	ay Stre	eet	Balti	more	1	Id. 212	218
TOA-METHOD OF DISPOSITION 1 Dayrial 2 Cremation 3 Re	movel from State	cernetery, cremetory or	otner piece;		DAT	E 20c. LOC	CATION — C	Olty or To	wn, Stata	
4 Donation 5 Other (Specify) 21. SIGNATUME OF FUNERAL SERVICE I	ICENSES.	Mt. Zio	n Ceme	tery		Bal	timo	re,	Mary	land
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- xeray	Myell		4600	Libert	Tr Ho	d boll	Atro	ier.s	AT HOME	± ۲۱ و ۶
iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OF	R AS A CONSEQUENCE OF	DF):	OLOU D S	aut	~91sr	m		Onset and	d Death
	d								-	
PART II. Other algnificant condition	ons contributing to de	ath but not resulting	in the underly	ng cause given i	n Part I.	24e. WAS AN /		24b.	WERE AUTOPSY F	
						1 YES 2	No		CDMPLETION OF OF DEATH?	
						tuspo	70	,	1 YES 2	NO
						X 1021 C				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH (C	Check only or	na)				
1 X YES 2 NO	1 topatient 2 EF	VOutputient 3 □ DOA	OTHER:	ome 5 🗆 Raeldence	6 X Othe	r (Specify)La	dies	re	stroom	n
27. MANNER OF DEATH	28e. DATE OF INJ (Month, Day,)		ME OF 28c. 1	NJURY AT	28d. DES	CRIBE HOW IN	JURY OCC	URED	002001	
1 Natural 5 Pending 2 Accident Investigation				YES 2 NO						4.51
3 Suicide 8 Could not be	28a. PLACE OF IN building, atc.	IJURY — At home, farm, (Specify)	streat, fectory, of	lica	261. LOC	ATION (Street ar	nd Number	or Rural R	Route Number,	
					J.	or iowii, oteley				
29e. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of my	knowledge, death occur	red at the time, da	te end place, and du	us to the cer	se(e) and men	tor on state	vd.		
one) 2 MEDICAL EXAMIN	IER: On the besis of exem	Instion and/or investigati	on, in my opinion	death occured at th	na time, date	end place, end	due to the	ceuse(a) and mennar as a	stated.
IR 20h BICMATURE AND TITLE OF CONTICU				29c. LICENSE N						
Moust mey	ML						290. DATE	SIGNED	(Month, Day, Year)	
30. NAME AND APPRESS OF PERSON W	HO COMPLETED CAUSE (OF DEATH (ITEM 27) (Type	e, Print)	IO.C.M	. E .		11	19	1991	
	som				D 1			-		
31. DATE FILED (Month, Day, Year)	a 32. REGISTRAR'S	SIGNATURE	enn Si	reet.	balt.	more	Mar	vla:	nd 212	01
NOV25 1991	Fuha Davidson	Randell.								



OHMH-16 Rev 1/89

FOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (First, Middle, Last)	1 D	dr	and			2. DATE O	F DEATH	' 2	ZEAD	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 215-24-7563	5. SEX 1 M 2 A F	6. AGE (In yrs		UNDER 1 YEAR	IF UNDER 24 HRS			34	Countr	IPLACE (State or Foreign y) Md.
TOR	HE FACILITY NAME IT THE INSTITUTION, DAW STORE AND TRUMBON) 96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH PEGIDENCE OF DECEDENT										
DIRECTOR	10a. STATE 10b. COUNT	γ		10c. CITY, TO	OWN OR LOCA	Limo	15				10d. INSIDE CITY LIMITS? 1 YES 2 NO
NERAL	100. STREET AND NUMBER	orge	5.1	Apt :	2B 10	1. ZIP CODE 212			10g. CITI	IZEN OF W	VHAT COUNTRY?
BY FU	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2	ARMÉD 20 NO	If yes, sp	CENDENT OF HISI pecify Cuban, Max 2 [JONO Spe	PANIC ORIGIN? Ican, Puarto Ric	(Specify Yea	or No-	Black Specif	*
PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION o completed) College (1-4 or 5 +	-)	DECEDENT'S USU (Give kind of work life. Do NOT use ret	done during mo lired.)	ON ost of working		(IND OF BUS			
COMPL	17. FATHER'S NAME (First, Middle, Last)			<u>Health</u>	Aid	18. MOTHER'S		ltimo Idle, Maiden :		City	1
TO BE	Leroy Brewer	p		19b. MAILING ADD	ORESS (Street a		OSE B1			Code)	
¥	Sara Reed 20 method of disposition			3039 We	stwoo	d Ave.		16 Ba	Itir		
	1 W Buriel 2 Cremation 3 Rem 4 Donetion 5 Other (Specify) 21 SIGNATURE OF FUNERAL SERVICE LY		cemetery,	crematory or other p	place)		3				town, Md.
	23. PART I. Enlar the diseases, or o				110000	1000	Tana	160	11 11	Nan 12	Hanahta
TIFICATION	IMMEDIATE CAUSE (Finel disease or condition reculting in deeth) Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Ante DUE TO (rior M	yocardia	al Inf.	de of dying, su	and Ca	or respir	alory arr	rest,	Approximate intervel Between
EDICAL CE	IMMEDIATE CAUSE (Finel disease or condition reculting in deeth) Sequentielly liet conditions, if any, leeding to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	Ante e. Due to (Due to (Due to (PIOR M (CAS A CON OR AS A CON OR AS A CON	Shoce of: Shoce sequence of: SEQUENCE OF:	enter the mo	arction	and Ca	or respir	uttopsy neb?	24b.	Approximate Intervel Between Oneet and Death
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IMPORTANT: II Item

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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be ret	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 so filed within 72 hours after death with the State Deor. of Health and Mental Hygiene prior to burial, cremation, or removal.	PORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be no
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH ELYZABETH RODA SLAYSMAN 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year) 08-06-1921 6. AGE (In yrs. (eyr birthday) JE UNDER 1 YEAR JE UNDER 24 HRS. 6. BIRTHPLACE (State or MONTHS DAYS HOURS I M 2 F Maryland 70 212-12-0996 VBS 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY TOWN OR LOCATION OF DEATH DIRECTOR St. Joseph Hospital Baltimore Towson RESIDENCE OF DECEDENT 10c CITY TOWN OR LOCATION 10a STATE 10b. COUNT 10d. INSIDE CITY Maryland Baltimore Baltimore 1 TYES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10t. ZIP COOE 21239 U.S.A. 6507 Beechwood Road 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No. If yes, specify Cuban, Maxican, Puarlo Rican, atc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Naver Married 2 Married BY White 3 'Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEOENT'S EDUCATION (Specify only highest grade complete 16b. KINO OF BUSINESS/INOUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12 years Homemaker own home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) John Franklin Roda Jennie Warns 띪 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 113 Glen Argyle Road Baltimore, MD 21212 Ron Slaysman 20a. METHOO OF DISPOSITION

1X XBurial 2 Cremetion 3 Removal from State 20b. PLACE ANO OATE OF OISPOSITION (Name OATE 20c. LOCATION - City or Town, State Garrison Forest Vet. Cem. 11/27 Owings Mills, MD 4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Mitchell-Wiedefeld Home Inc. 6500 York Rd. Baltimore, MD 21212 Dennis Stephen Xenakis 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory strest, Approximate shock, or heart failure. Liet only one cause on each line Interval Between **Onset end Deeth** IMMEDIATE CAUSE (Final disease or condition resulting in deeth) CERTIFICATION Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINOINGS PHYSICIAN: MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 TES 2 NO 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) OTHER: 1 TES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 N g Home 5 - Residence 6 - Other (Specify)

27. MANNEBOF DEATH 1 Natural 5 Pending Investigation	26m. OATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED
3 Suicide 8 Could not be detarmined	28e. PLACE OF INJURY — A building, atc. (Specify)	t home, farm, street, fac	ctory, office	261. LOCATION (Street and Number or Rural Route Number, City or Yown, State)
(Oriota trity				us to the cause(s) and menner as stated. te time, date and place, and dua to the cause(s) and manner as state

HATURE AND TITLE OF CERTIFIER

AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type Print

II. DATE FILED (Month, Day -Year) 32. REGISTRAR'S SIGNATURE

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death definitions be executed within 24 hours after death. Playe o may be retained by the hospital of attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	J
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.U.

32. REGISTRAN'S SIGNATURE

Rivas,

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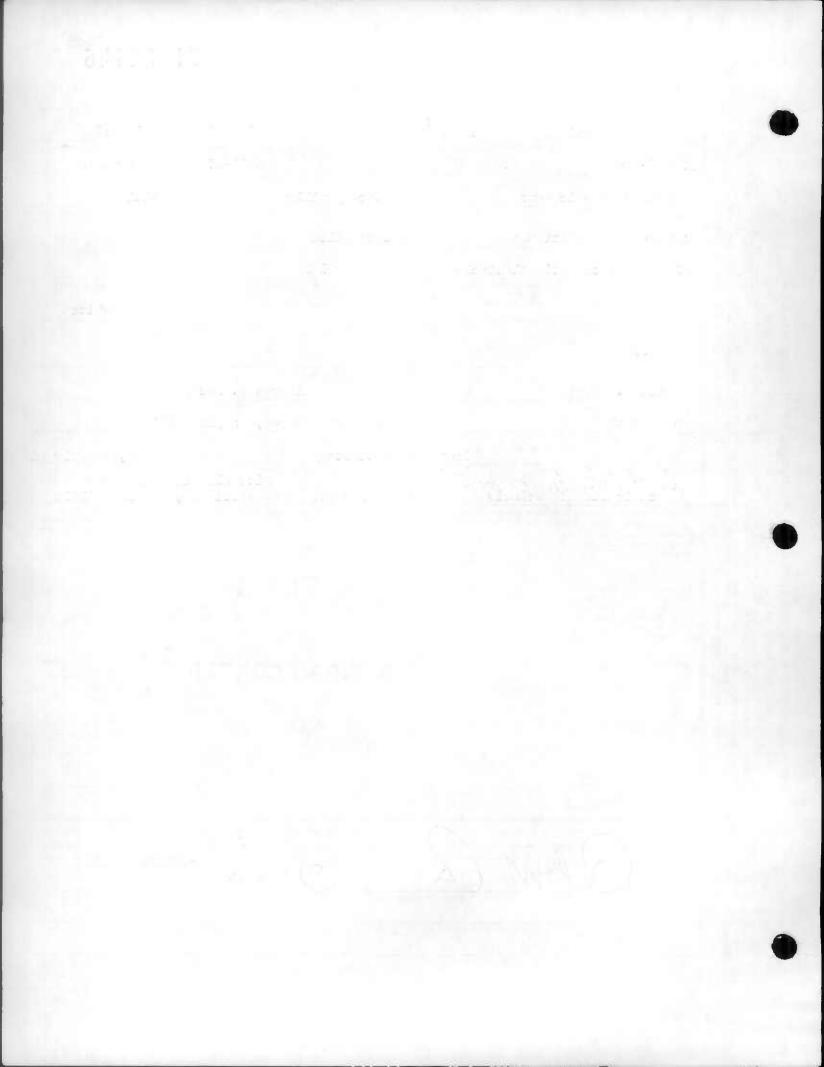
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DIVISION OF VITAL RECORDS, P.O.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1 DECEDENT'S NAME (First Middle Last) 2. DATE OF DEATH 3. TIME OF DEATH MONTH ARIANA LOGUE SCHWATKA 16 7:10A 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birtnday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS MIN 578-22-8943 1 M 2 XXF 94 4-12-97 Maryland 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Maryland Masonic Home Cockeysville Baltimore RESIDENCE OF DECEDENT 10d. INSIDE CITY LIMITS? 10c. CITY, TOWN OR LOCATION 10a. STATE Baltimore Cockevsville 1 TYES 2 XXXX Maryland 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 300 International Circle 21030 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 2 100 If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merried Specify: BY XX Widowed 4 Divorced White COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only higher Elementary/Secondary (0-12) College (1-4 or 5+) 12 17 FATHER'S NAME /First Micidia Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Horace A. Logue Minerva E. Jacobs BE 19e, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Mary Novak 600 Sussex Road Towson, Maryland 21204 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State Cedar Grove Cemetery Chambersburg, Pennsylvania 4 Donetion 5 Other (Specify) 21 SIGNATURE OF FUNERAL SERVICE LICENSEE 22, NAME AND ADDRESS OF FACILITY Dennis Stephen Kenakis Mitchell-Wiedefeld Home M00640 6500 York Road Baltimore, Maryland 23. PART I. Enter the disease, or complicatione that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heert fellure. List only one cause on each line. Approximate Onset and Death IMMEDIATE CAUSE (Final disease or condition Pneumonia resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Respiratory Arrest CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated evente regulting in death) LAST 24b. WERE AUTOPSY FINDINGS PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY MEDICAL AVAILABLE PRIDE TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 ☐ YES 2 ☐ NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 ☐ YES 2 X NO 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA ng Home 5 🗆 Residence 6 🗆 Other (Specify) 📈 🗍 . Masonic Homes 28c. INJURY AT WORK? 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28d. DEŞCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending Investigation 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building ste (Specify) 261. LOCATION (Street and Number or Rural Route Number, 3 Suicide 6 Could not be COMPLETED 4 | Homicide 29e. CERTIFIER 1 PUT CENTURY ING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. MEDICAL EXAMINER: On the beele of examin stigation, in my opinion, death occured at the time, date and place, end due to the cause(e) end menner se stated. 290: HCENSE NUMBER 29d. DATE SIGNED (Month. Day, Year) 出 2

300 International Circle Cockeysville, Md.2103



DHMH-t8 Rev t/89

N OF VITAL RECORDS, P.O. BOX 13148, BALLIMORE, MARYLAND 21203-3146	PHYSICIAN: The law requires that the death certificate be executed within 2. Journ after death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	the state of the market or item 22 chains any injury or other fraumatic event the medical examinar must be analitied at ones
DIVISION OF VITAL REC	THE HUSPITAL DR ATTENDING PHYSICIAN: The law require	THE HINEHAL DIRECTOR: After this certificate has been sign	the State Dept. of Hea	matter in the stand 20 to marked or item 22 chause
	3	5	+	

31. DATE FILED (Month, Day, Year)

NOV25 1991

A DUN GET PROBLE

	1 - STATE REGISTRAR	STATE OF MARYLAI	ND / DEPART			MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Lest)	PAUL SMIT				2. DATE OF DEATH		3. TIME OF DEATH
		5. SEX 6. AGE (In		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. [SHRTHPLACE (State or Foreign Country) N.C.
NO B	9a. FACILITY NAME (If not institution, give street Loch Raven VA Me				OR LOCATION OF DE IMORE	ATH	9c. COUNTY	OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MD			TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
	100. STREET AND NUMBER 1226 North Decker	Avenue	1 50	to	11. ZIP CODE 21213			OF WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 1 YES IF YES, GIVE WARY OR DATE	I.S. ARMED 2 NO ES	if yes, s	CENDENT OF HISPAN Decify Cuban, Mexical 3 2 NO Specify		na or No— 14.	RACE — American Indian, Black, White, atc. Specify: Black
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12) 4th Grade	ATION tompleted) College (t-4 or 5+)	8a. DECEDENT'S U (Give kind of wo life. Do NOT use COOK	rk done during m	ON ost of working	VA Hos		
111	17. FATHER'S NAME (First, Middle, Last) Willie Smith				18. MOTHER'S NA Hurley	ME (First, Middle, Meide Watso		
TO BE	19a INFORMANT'S NAME (Type/Print) Elizabeth Smit	ch				nue/Baltim		
	20a. METHOD OF DISPOSITION 1 Burlal & Cremation 3 Ramon 4 Donation 5 Other (Specify)	ral from Stata Gr	PLACE OF DISPOSI Other plece) CENMOUNT	Crema		Ва	ocation — city 1 timore	e, Md.
	21. SIGNATURE OF FUNERAL SERVICE LIVE	- Akmo	sa Ja		MARCH F.	н. 1101 Е	. NORHI	21202 AVENUE
	23. PART LEnter the diseases, or construction of the construction	ist only one cause on sac	DIAC F	Vindi	dion dying, such	h as cardiac or rea	piretory arrest	Approximate Interval Batwaen Onast and Death
CATION	Sequentially list conditions, if sny, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A C	CONSEQUENCE OF	nal	Vivea	50		1/240
ERTIFI	that initiated syants resulting in death) LAST	DUE TO (OR AS A C	ONSÉQUENCE OF)	:				
MEDICAL	PART II. Other significant conditions	contributing to death but	not resulting in	the undsrlyi	ng cause given in	Part I. 24a. WAS A PERFC	N AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. F	PLACE OF DEATH (Ch	eck anly one)		
	1 VES 2 PNO 27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	lant 3 DOA 28b. TIME	OF 28c. IN	JURY AT ORK? YES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	ED
의 쁜	2 Accident Investigation 3 Suicida 8 Could not be detarmined	28e. PLACE OF INJURY - building, atc. (Specifi		reet, lactory, offi	ca	281. LOCATION (Stree City or Town, State		Rural Route Number,
E COMPLET	CONSULT ONLY	IAN: To the best of my knowled: On the basis of examination						ause(a) and manner as stated.
O BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	mo			29c. LICENSE NUI	MBER	29d. DATE S	GNED (Month, Day, Year)
J ^E	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type,	Print)	D			

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - 6 / 9 9 - 5 1 () FOR STATE REGISTRAR	STATE OF I	RT I,27,28a,b,c MARYLAND / DEPAR CERTIF	TMEN	T OF H	IEALI
CEDENT'S NAME (First, Middle, I	Last)				
Davin	D.	Clark		На	rdy
CIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthday)	IF UNDER	1 YEAR	IF UN
N/A	1 💢) 1 2 🗆 F	YRS.	MONTHS	DAYS	HOUR
CILITY NAME // not institution	the stand and sumbant				

1. DECEDE	NT'S NAME (First,	Middle, Lest)			CERTI					2. DAT	E OF DE	ATH DAY		MEAR	3. TIM	E OF DEATH
	avin	- P	D. Is. sex	A 405 //-	Clar			rdy		11		18	19	91		05 E
	/ A		1 💢 🕽 2 🗆 F	6. AGE (III	yrs. last birthday YRS.	MONTHS	DAYS	IF UNDER	MIN.	7. DATE	e of Bir	91		8. BIRT Coun	thru)	(State or Foreign
	TY NAME (If not ins	titution, give	street and number)			9b. CIT	Y, TOWN C	OR LOCATION	ON OF DI	EATH		1	Bc. COUR	NTY OF		
Univ	versity	Hos	pital	Baltimore												
10a. STATE		10b. COUNT			10c. C	ITY, TOWN	OR LOCAT	TION							10d. ff	ISIDE CITY
Md.					Ba	altim	nore,	Ci	ty						1 X X	MITS?
10e. STREE	T AND NUMBER	kfiel	d Ave.	1-C			101	ZIP CODE				1				DUNTRY?
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	Married 2 Divon		FORCES? 1	YES YAR OR DAT	2 X NO		If yes, sp	2 X NO	n, Maxica	nn, Puerto	Rican, a	itc.)		Blac	ck, White, cify:	atc.
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	(Specify only tary/Secondary (0-		College (1-4 or 5	+)	(Give kind o	use retired.))	st of workin	g							
	CHILD 'S NAME (First, Mid	della dia ad				Chi	ild					CHILD				
		Hardy						18. MOTE		ME (First,		Maiden Sur				
19a. INFOR	MANT'S NAME (Ty)	pe/Print)			19b. MAILIN	G ADDRES	SS (Street a	nd Number						Code)		
Th	ne 1 ma	Clark													Md :	21217
20a, METHO 1 (X Burial	OD OF DISPOSITIO	N		20b. P	LACE AND DATE	E OF DISBO	CITION (No	mo of		DA	TE 2				own, Stat	
4 Danie	2 Cremetion	3 🗆 Rem	oval from Stata	cemet	ery, cremetory or	other place	T C-		_							
21. SIGNATI 23. PART	URE OF FUNERAL I. Enter/the disenock, or he TE CAUSE (Fine	SERVICE LI		cement A	ng Mer	not ente	M.C.	rden D ADDRES Mar	ss of fa	ICILITY -/H 1	1101	Rand E.	Nor	stow th A	vn, I	Md .
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23. PART iMMEDIA disease c resulting Sequentia if eny, let ceuse, Er CAUSE (C that initial	DRE OF FUNERAL I. Enter/the disence, or hor condition in deeth) eliy list conditioneding to immediately	Specify) SERVICE LIC Adaese, or rart fellure, bit bona, lete IG	complications the Liet only one ceu	t caused a control of the caus	ey, cremetry or 1ng Mer	not ente	M.C.	rden D ADDRES Mar	ss of fa	ICILITY -/H 1	1101	Rand E.	Nor	stow th A	vn, I	Md .
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O THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an inclusion and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR	STATE OF MARYLAND	D / DEPARTMENT	NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Last) SM 4. SOCIAL SECURITY NUMBER	RUTH (ELLA	last birthday) IF UNI	DER 1 YEAR IF UNDER 24 HRS.	2. DATE OF DEATH MONTH DA	2-91	3. TIME OF DEATH 07:55 Am
E	9a. FACILITY NAME (If not institution, give	-	YRS.	TY, TOWN OR LOCATION OF			Va.
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Scott KEY	10c. CITY, TOWN		77.10		10d. INSIDE CITY LIMITS?
FUNERAL D	10e. STREET AND NUMBER	DERAL S		101. ZIP CODE	1212	10g. CITIZEN OF	1 √ YES 2 □ NO WHAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 TYES 2 IF YES, GIVE WAR OR DATES		3. WAS DECENDENT OF HISP II yes, specify Cuban, Maxi 1 YES 2 NO Spec	can, Puario Rican, atc.)	or No.— 14. RACI Blec Spec	E — American Indian, k, White, atc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12TH	College (1-4 or 5+)	DECEDENT'S USUAL (Give kind of work don life. Do NOT use retired HOUSEWIFE	a during most of working	16b. KIND OF BUS	INESS/INDUSTRY	
BE CO	17. FATHER'S NAME (First, Middle, Lest) CASHIOUS MARKS		EM.	16. MOTHER'S N	NAME (First, Middle, Maiden S BUTTS	Surname)	
TO E	190. INFORMANT'S NAME (Type/Print) RICHARD SMITH		196. MAILING ADDRE	SS (Street and Number or Rure FEDERAL ST./	BALTIMORE,	MD 21213	3
	20a. METHOD OF DISPOSITION 1 N Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from Stata 20b. PLA	TUS'S MEMOR	PIAL PARK		UTUS, MD	wn, State
	21. SIGNATURE OF FUNERAL SERVICE LI	te K. Jos	res	WM. C. MARCH	H./1101 E.	. NORTH	AVENUE
	23. PART I. Enter the diseases, or ehock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	SEPTICEN		er the mode of dying, su	ch as cardiac or respir	ratory arrest,	Approximate interval Between Oneet and Death
CERTIFICATION	Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avents reculting in deeth) LAST	DUE TO (OR AS A CON DUE TO (OR AS A CON DUE TO (OR AS A CON DUE TO (OR AS A CON	SEQUENCE OF):	IAL FAI	lure Lure		
MEDICAL	PART II, Other eignificent condition	s contributing to death but no	ot resulting in the u	underlying cause given in	Pert I. 24s. WAS AN A PERFORM	MED?	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Xinpatiant 2 GER/Outpatiant	3 DOA 4 DW				
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	26c. INJURY AT WORK? 1 YES 2 NO	26d. DESCRIBE HOW IN	JURY OCCURED	
G	3 Suicida 8 Could not be 4 Homicide determined	26a. PLACE OF INJURY — At building, atc. (Specify)	home, farm, streat, fa	ctory, office	281. LOCATION (Street ar City or Town, State)	nd Number or Rural F	loute Number,
COMPLETI	29a. CERTIFIER (Check only one) CERTIFYING PHYSI 2 MEDICAL EXAMINE	CIAN: To the best of my knowledge, R: On the basis of axamination and/	death occurred at the	time, date and place, and du opinion, death occured at th	is to the cause(s) and menn	ner as stated.	and manner as stated
TO BE CO	29b. SIGNATURE AND TITLE OF CENTERS 30. NAME AND ADDRESS OF PERSON WH	en		29c. LICENSE NU		29d. DATE SIGNED	

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

ANTHON P.C. FRANCIS

31. DATE FILED (Month, Day, Year)

NOV 25 1991 SCOTT KEY MEDICAL CENTER

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY 25A" 21 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 8. BIRTHPLACE (State IF UNDER 24 HRS 7. DATE OF BIRTH 1 | M 2 | 214-40-5172 Sept 16 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR permit, Pages 1, 2, 3 Liberty Medical Center Baltimore 10a. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Baltimore 1 X YES 2 NO 10e, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? page 5 should be detached for use as the burial-transit 3329 Alto Road 21216 USA the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or No-if yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE — American Indian, Black, Whita, atc. MARYLAND 21215-0020 1 Never Married 2 Married FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES BY 1 TES 2 NO Specify: Specify. 3 Widowed 4 Divorced Black COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elamentary/Secondary (0-12) College (1-4 or 5+) College 5+ Teacher Balto City Public Schools 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surname) notified at retained by BE John Williams Mamie Watts 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Theodore Savage 3329 Alto Road Page 6 may be Baltimore, MD 21216 BALTIMORE, pe 20a. METHOD OF DISPOSITION

1 | Burlal 2 | Cremation 3 | Barnoval rom State
4 | Donation 5 X Other (Specify) Entombment 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must DATE director, Arbutus Memorial Park 11/26 Baltimore Co, MD 21. SIGNATURE OF FUNERAL SERVICE LICEN 22. NAME AND ADDRESS OF FACILITYNUTTER Funeral Homes Inc 2501 Gwynns Falls Parkway Baltimore, MD 21216 examiner after death. the medical 23. PART . Enter the diseases, or complications that crysed the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. in by Approximate intarvai Between **IMMEDIATE CAUSE (Final** Onset and Death the disease or condition_ reauiting in death) event, 68760. and control traumatic CERTIFICATION Sequentially list conditions, BOX if any, leading to immediate cause. Enter UNDERLYING physician certificate be CAUSE (Disease or Injury that initiated eventa other o. resulting in death) LAST 9 0 Injury, RECORDS, PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part i. the PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS by and AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE OF DEATH? t, of H 1 YES 2 NO . OR ATTENDING PHYSICIAN: The law DIRECTOR: After this certificate has be hours after death with the State Oept. 23 DIVISION OF VITAL 25. WAS CASE REFERRED TO MEDICAL EXAMINER? item 26. PLACE OF DEATH (Check only one) HOSPITAL: 1 YES 2 AO OTHER: 1 | Inpatient 2 | ER/Outpatient 3 MDA 10 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 26c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 26s. PLACE OF INJURY — At home, tarm, street, factory, office building, atc. (Specify) S 3 Suicida 281. LOCATION (Street and Number or Rural Route Number, City or Town State) 6 6 Could not be 4 Homicide 28 determined ET item 29a. CERTIFIER (Check only 1) CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the lime, data and place, and due to the cause(s) and manner as stated. COMPL HOSPITAL FUNERAL within 72 ? IMPORTANT: If 2 MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. BE 29d. DATE SIGNED (Month, Day, Year) 표 223 0 RSDN WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pri 10 032 REGISTRAN'S SIGNATURE

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND /	DEPAR	TMENT (OF H	EALTH DEAT	AND I	MENTAL	HYGIEN REG. NO	E 9 1	3	2151
	1. DECEDENT'S NAME (First, Middle, Last) JULIAN S	OPP							2 DATE O		11.18	NEAR	S. TIME OF BERTY
	4. SOCIAL SECURITY NUMBER 182-28-7478	1X M 2 F	(In yrs. last	birthday) YRS.	7	IF UNDER 1 YEAR IF UNDER 24 HRS. HONTHS DAYS HOURS MIN.			7. DATE OF BIRTH (Month, Day, Year) 01/15/35			BIRTHPLACE (State or Foreign Country)	
TOR	98. FACILITY NAME (If not institution, give str G.B.M.C., 6701 RESIDENCE OF DECEDENT		STRI	EET	эь. сіту, то ТО			ON OF DE	EATH			T IMC	
DIRECTOR	MARYLAND 10b. COUNTY	10a. STATE 10b. COUNTY					ION					IOd. INSIDE CITY LIMITS? I YES 2 NO	
FUNERAL	100. STREET AND NUMBER 4 PHEASANTWOOD 11. MARITAL STATUS						2112	20				U.S.A	AT COUNTRY?
BY	1 Never Merried 2 M Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR D	IN U.S. ARM 2 NO	IED O	If y	98, sp	ENDENT O	n, Mexics	IIC ORIGIN? n, Puerto Ric	(Specify Yes	or No-	14. RACE - Bleck, Specify.	- American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+) 2 YRS	(Give	e kind of w Do NOT us	USUAL OCCL vork done duri retired.)	IPATIO ng mo	ON st of workin	g		ANT I		USTRY	
	17. FATHER'S NAME (First, Middle, Last) JOSEPH SOPP				22210				ME (First, Mic				
P GREGG SOPP ANNA MOSLEY 196. INFORMANT'S NAME (Type/Print) GREGG SOPP 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip 4 PLEASANWOOD COURT, PARKTON, MD.								MD •	(p Code) 21120				
4 Donstlon 5 Other (Specify) UKRANIAN CEMETERY SHAM								ION — City or Town, State OKIN TOWNSHIP					
	· Christophe	HUBBARD FUNERAL HOME INC. 4107 WILKENS AVENUE, BALTIMORE, MD. 21229								. 21229			
	23. PART I. Enter the diseases, or co ahock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition resulting in death)	omplications that cause ist only one cause on a	ach line	0	-	e mod	de of dyli	ng, sucl	aa cardia	c or respi	ratory arre	eat,	Approximate Interval Between Oneet and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A											
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTO							MED?	CO	ERE AUTOPSY FINDINGS VAILABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO				
PHYSICIAN: MEDIC	25. WAS CASE RESERRED TO MEDICAL EXAMINED. 1 Description 1 Description 2 Description 2 Description 3 DOA Description 3												
B≺	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	26s. DATE OF INJURY (Month, Day, Year)		26b. TIME INJU	M 1	WO!	IRY AT RK? ES 2	NO		HBE HOW IN			
LETED	4 Homicide determined	building, atc. (Spec	orly)						City or	ON (Street si Town, State)			te Number,
COMPLET	(Check only one) 2 MEDICAL EXAMINED. 29b. SIGNATURE AND TITLE OF CETTURES.	AN: To the best of my know	end/or inv	restigation	, in my opini	on, de	ath occure	d at tha t	lime, dats sn	(s) and meni	due to the	ceuse(s) s	
TO BE	CHOILES OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM	LO (Type,	Print)		29c. UCE	093	383		≥ //	SIGNED (M	onth, Day, Year)
	31. DATE FILED (Month, Day, Year)	onvellA	UN -	230	04 K	6	nder	via	NRZ	-11	2000	niun	nond

MINSO HAR STREET STREET

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 neurs after death. Page 6 may be retained by the hospital or attending physician.	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the hurial-transit nermit pages 1 3 3 should	mit Panes 1 2 3 chould
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	ייייי באפים וי בי כ פונים
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

R ATE GISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
ENT'S NAME (First, Middle, Last)		A DATE OF DEATH

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR	RTMENT	OF H	DEAT	AND I	MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH		3. TIME OF DEATH
	Mary Lydia Twel	e						November 19	1991	8:45 a ^M
	4. SOCIAL SECURITY NUMBER		yrs. last birthday)	IF UNDER	1 YEAR	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		HPLACE (State or Foreign	
	213-01-7464	1 🗆 M 2 🔀 F	91 YRS.	MONTHS	DATS	HOURS	Miller,	8/16/1900		ryland
OC.	9a. FACILITY NAME (If not institution, give s Edenwald	treet end number)		9b. CITY		PR LOCATIO		EATH 94	. COUNTY OF	DEATH
OT:	RESIDENCE OF DECEDENT				I	owso	n		Balti	more
DIRECTOR	10e. STATE 10b. COUNTY	4	10c. CIT	Y, TOWN C	R LOCAT	ION				10d. INSIDE CITY
	Maryland Balt	imore		T	owso	n				LIMITS?
3AL	10e. STREET AND NUMBER				101	ZIP CODE	E	10	g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	800 Southerly Av					212	• 1		U.S.	Α.
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN I	2 NO	13.	MAS DEC	ENDENT O	F HISPAN	IIC ORIGIN? (Specify Yea or I	No- 14. RAC Blac	E — American Indian, k, White, atc.
ВУ	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR DAT			2 📉 NO			Spec		
ED	15. DECEDENT'S EDU	CATION	16a. DECEDENT'S	USUAL OC	CCUPATIO)N		18b. KIND OF BUSINE	SS/INDUSTRY	WIITE
ET	(Specify only highest grade Elementary/Secondery (0-12)	College (1-4 or 5+)	(Give kind of the Do NOT us	work done o se retired.)	during mo.	st of workin	g			
MPL	11th Grade		House	wife						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTH	IER'S NAI	ME (First, Middle, Maiden Surn	ame)	
BE	Unknown						nkno			
0	19a. INFORMANT'S NAME (Type/Print)							Route Number, City or Town, St	ete, Zip Code)	
	Mrs. Elizabeth H.		4305				nue	Baltimore,	MD 2	1206
	20a. METHOD OF DISPOSITION 1 Remelling Burlet 2 Cremetton 3 Remelling Remel	oval from State 20b. P	tery, crematory or o	OF DISPOS ther place)	IT!ON /Na	me of			ON — City or To	
	4 Donetion 5 Other (Specify)	LO LO	udon Pa			ery D ADDRES	20 05 54	11/21/9 Balt	imore,	MD
	XAT			Lo	orin	g By	ers	Funeral Dire	ctors,	Inc.
		11116		87	728	Liber	rty 1	Road Randal	1stown	, MD 21133
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arreat, abock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSCOUENCE OF):									interval Between
PHYSICIAN: MEDICAL	PART II. Other algnificant condition	a contributing to death but	t not resulting	n the un	derlylng	cause g	liven in I	Part I. 24a. WAS AN AUTPERFORMED	17,	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO
ICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER		ACE OF DE	EATH (Che	ck only one)		
IYS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outpat	1	4 Alberts	ing Home			8 Other (Specify)		
	Natural 5 Pending	(Month, Day, Yeer)	28b. TIM INJ	E OF URY	28c, INJU WOI	RK?		26d. DESCRIBE HOW INJUR	TY OCCURED	
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY -	At home form			ES 2 [NO	201 1 2 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
	4 Homicide 8 Could not be datermined	building, etc. (Specify	()	meet, tect	ry, ornea			281. LOCATION (Street end N City or Town, Stete)	lumber or Rural F	Route Number,
COMPLETED	One) 2 MEDICAL EXAMINE	CIAN: To the best of my knowled R: On the bests of examination e	dge, death occurre	od at the ti	ne, date	and place,	and due t	to the cause(a) and menner at time, data and pieca, and du	na stated. a to the ceuse(s) and manner as steted.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	My 1	elyve	نم		29c. LICE	NSE NUM	769 P	d. DATE SIGNED	(Month, Day Year)
	31 DATE FILED (Month Day Year)	DIS ILLE			60	v. 1	Po/1.	ing Rd B	n Ho.	
	NOV 25 1991	guar wires	Martines							

NOA'S 1881 Service Library

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	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPART	MENT OF H	EALTH AND	MENT	AL HYGIEI			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH				3. TIME OF DEATH
	STEVEN	DANIEL		TOLSO	N	Mor		3 1	991	4:45 M
	4. SOCIAL SECURITY NUMBER 219-68-7304	120KM 2 □ F	34 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Apr	E OF BIRTH	1957	Countr	PLACE (State or Foreign
DIRECTOR	98. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATN MUNCASTER MILL RD RESIDENCE OF DECEDENT 96. COUNTY OF DEATN MONTGOME									
	Maryland Princ	e George		TOWN OR LOCAT						10d. INSIDE CITY LIMITS? 1 X YES 2 NO
RAI	100. STREET AND NUMBER	الممما		101	ZIP COOE					NAT COUNTRY?
BY FUNERAL	4510-Burlington R 11. MARITAL STATUS 1X. Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	It yes, spo	20781 ENDENT OF HISP City Cuban, Maximum Specific Cub	ican, Puarl	IN? (Specify Ye o Rican, atc.)			- American Indian, , White, atc.
	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S U	SUAL OCCUPATION done during mo	ON of amphine	10	Sb. KIND OF BL	JSINESS/IND	Whi	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	st or working	r	riano	Marbl	e &	Tile Co.		
BE CO		Tolson			18. MOTNER'S N June	Baun		Surname)		
2	19a. INFORMANT'S NAME (Type/Print) Carol C. Ginsberg	(Aunt)	196. MAILING A 8700-C	DORESS (Street a	nd Number or Rure	al Route Nu	mber, City or Too	un, State, Zip Land	^{Code)} 207	08
	20a. METHOO OF DISPOSITION 1 X Burlal 2 Cremation 3 Remo	20b. F cemet	PLACE AND DATE OF dery, crematory or other Dar Hill	DISPOSITION (Na	me of	DA	TE 20c. LO	t l and	City or Tox	wn, Stata
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE Bélanger	ACC TILLE	J.Wil]	iam Lee	FACILITY S S	ons Co	mpany	Fun	eral Home 02-5816
CERTIFICATION	IMMEDIATE CAUSE (Finel	DUE TO (OR AS A C	IRIBS CONSEQUENCE OF):							Intervel Between Oneet and Death
CERT	resulting in deeth) LAST	d								
BY PHYSICIAN: MEDICAL	PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I.							AUTOPSY RMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PL	ACE OF DEATH (C	heck only o	one)			
HYS	1 X YES 2 NO 27. MANNER OF DEATH	1 Inpetiant X XER/Outpet		☐ Nursing Home		7				
ΥP	1 Natural 5 Pending	(Month, Day, Year) 11-13-19	ik?		ESTRT			KBY TRUCK		
BE COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSIC 2 MEDICAL EXAMINER	IAN: To the best of my knowled: On the basis of examination a	ige, death occurred	at the time, date	and place, and du	is to the co	euse(a) and ma	nner as atate	d.	and manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER Nanald & Uw 30. NAME AND ADDRESS OF PERSON WNO	ent MD			O.C.M	JMBER		29d. DATE	SIGNED	Month, Day, Year)
	DONALD G. WRIGHT M 31. DATE FILED (MONTH, Day, Year)	D DOME 111	PENN S		BALTIM	10RE	MARY	LAND	212	.01
	NOV 25 1991	Julia Davidson	-pandee							



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page 5 should notified

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must director, examiner in by the r medical ag B an and completely to burial, crematic event, traumatic e attending physician a ental Hygiene prior to other 8 22 Health and 1 pt. of Health and 3 shows any it 23 E omflicate in the State OR ATTENDING PHYSICIAN. 10 marked, # SE A file Ħ DIRECTOR . 云 Hem FUNERAL within 72 !

91-6869-510 Items: 28a, f per MEO G-682 12/9/91 reb FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1 MONTH 21 DAY 199 YEAR ROBERT WILLIAMS 11:35 A 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 212-46-0397 MONTHS DAYS HOURS MIN. XX M 2 - F 43 YRS. October 26-48 Baltimore 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH SHOCK TRAUMA UNIT BALTIMORE CITY DIRECTOR RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore Baltimore YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 11 W. 20th Street 21218 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 1 YES 2 NO IF YES, GIVE WAA OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. BY 3 Widowed 4XXDivorced Specify USMC **Black** ETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complete (Give kind of work done during life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) COMPL Carpenter Industrial 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Eugene Williams Annie Evans 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Annie Evans 11 W. 20th Street, Baltimore, Md. 21218 20e. NETHOD OF DISPOSITION

1 X Puriel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State 11/25 Garrison-Forest Veterans Donation 5 Other (Specify) Owings Mills, Md 21. SIGNATURE OF FUNERAL SERVICE METENGER 22. NAME AND ADDRESS OF FACILITY
William C. Brown Community Funeral Home 1206 W. North Ave., Baltimore, 23. PART I. Enter the dignases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate interval Between shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Deeth GUNSHOT WOUND OF HEAD resulting in death) DUE TO JOH AS A CONSEQUENCE OF CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 34s. WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS PERFORMED? AWAILABLE PRIOR TO COMPLETION OF GAUSE OF DEATH? YES 2 HO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? DE PLACE OF DEATH (Check only one XXVES 2 NO OTHER: T | Inpatient X X ER/Outpatient 3 | OOA ig Home 5 🗆 Residence 8 🗀 Other (Specify) 27. MANNER OF DEATH SUBJECT SHOT PRES 2 HO 5 Pending Investigat 1 | Natural

25s. PLACE OF INJURY -- At home, farm, street, factory, office

PUBLIC STREET

RENN_STREET

DHTANT: 11

COMPLETED 296 BIGNATORE AND TITLE OF CURTIFIED BE 2 MAKO F. GOLLE DE WILL RENN STE

BY

2 Accident

Homicide

1991

1600 blk N. Calhoun St.

29d. DATE SIGNED (Month, Day, Thur)

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OCME

BALTIMORE, MARYLAND

6 Could not be

XX MEDICAL EXAMINER: OF

28a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the beat of my by

NOVES 1891 Sector

(14)

FUNEBAL DIRECTOR
TO BE COMPLETED BY FIJNERAL
CERTIFICATION
DICAL

	FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAND .	/ DEPAR					MENTA		GIENI		C) C.	155	
	1. DECEOENT'S NAME (First, Middle, Last)	W-14-11		C111111	IOAI	2 01	DLAI		2. DAT	E OF OE	G. NO.			3. TIME OF O	FATU
3	IRENE	WELCH							1 1		2		YEAR 91		M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	GE (In yrs. last birtnday) IF UNDER 1 YEAR IF UNDER 24 HRS.					7. DATE	OF BIR	ITH .		8. BIRTH	IPLACE (State or	Foreign
	212-44-4744	1 □ M 2 🕅 🗶	45	YRS.	MONTHS	DAYS	HOURS	MIN.		th, Day.			Counti	MD.	
_	9a. FACILITY NAME (If not institution, give			302	9b. CIT	TY, TOWN C	OR LOCATIO	ON OF D	EATH	71-4		9c. COL	JNTY OF D		
0	1125 PATTERSON PARK AVENUE BALTIMORE CITY														
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y		10c CIT	V TOWN	OR LOCAT									
DIR.	Md.													10d. INSIDE C	
	10e. STREET AND NUMBER			1 ва	Lin	lore,	. ZIP CODE	t.y				10a CIT	TIZEN OF V	1 YES 2	
ER/	1125 Patterso	n Pk. Ave	2				2121	13					J.S.		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVED IN II S AI	RMED	13	. WAS DEC	ENDENT O	F HISPAI	NIC ORIGI	N? (Spe	cify Yas		14. BACE	F — American Ir	rdlen
ВУ Е	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	YES 2XX	(NO		If yes, sp	2 XXNO	n, Maxica	in, Puarlo	Rican, a	itc.)		Speci	k, Whita, atc.	Giori,
							AA						Opoci	BLACI	K
E	15. DECEOENT'S EOL (Specify only highest grade	CATION completed)	16a. Di	ECEDENT'S Give kind of v Do NOT us	USUAL I	occupation during mo	ON st of working	g	16	b. KIND	OF BUS	INESS/IN	DUSTRY		
PLE	Elementary/Secondary (0-12)	College (1-4 or 5 +	,	Disab)									
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		L) I Sab	reu		40. 14071								
	John E. We	1ch							ME (First,			iurname)			
BE	19a. INFORMANT'S NAME (Type/Print)	1011	19	b. MAILING	AOORES	SS (Street a						Stote 7	n Codel		
5	Mrs. Sharron	Wilson												21213	
	20a METHOO OF DISPOSITION		20b. PLACE	ANDDATEC	F DISPO	SITION /Ne	me of		OAT				City or To		
	4 Donation /5 (2) Other (Specify)	1	VOShe	ematory or of	her place	ial	Garde	ens	1				ore,		1
	21. SIGNATURE OF FUNERAL SERVICE LE	CENSEE ()	. N .			. NAME AN		-	CILITY		-				
	> WADADIN	XTO	1000	0	0 5	JM C	млр	CH	E LI	1	301	च	NIO	RTH A	r D
	23. PART I. Enter the diseeees, or	complications that	t ceused the de	eeth. Do n	ot ente	r the mo	de of dyli	ng, euc	h ee car	dlec or	reepin	atory er	rest	Approxi	
	shock, or heert failure. IMMEDIATE CAUSE (Finel	List only one cau	se on each line	e.								,	,	intervsi	Between nd Deeth
	41	DILAT	ED	CAP	חום	MY	0014	TH	Y						
	resourcing in descrip	S. DILAT	(OR AS A CONSE	OUENCE OF):		21.11	1 11	•					, ,	ears
Z	Sequentially liet conditions,	b. HYPE	RIEN	SION										25	ears
Ĕ	If sny, lesding to immediate	DUE TO	(OR AS A CONSE	OUENCE OF):										
2	CAUSE (Disesee or Injury	C.	OR AS A CONSE												
CERTIFICATION	that initiated evente resulting in desth) LAST	00E 10 1	OH AS A CONSE	OUENCE OF):										
E		d													
AL	PART II. Other eignificent condition	e contributing to	death but not i	resulting in	n the u	nderlying	csuse g	lven In	Part I.			UTOPSY	24b.	WERE AUTOPSY	
EDICAL											ERFORM YES 2 [COMPLETION OF	
ME														OF DEATH?	NO
ä															
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF DE	ATH (Che	eck only of	ne)					
X	1 TYES 2 NO	1 - Inpatient 2 -		□ DOA	4 Nu	rsing Home	5 🗍 Ras	Idenca	6 🗆 Othe	r (Specil	fy)				
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 26a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? 1 YES 2 NO 26d. OEŞCRIBE HOW IN									HOW IN	JURY OC	CURED				
3 Suicida 6 Could not be 266. PLACE OF INJURY — At home, farm, street, fectory, office 261. LOCATION (Street and Number or Rural Route N									loute Number,						
9	29a. CERTIFIER														
COMPLETE	(Check only	CIAN: To the best of													
8		R: On the beals of ax	emination and/or	investigation	i, in my	opinion, da	ath occure	d at the	time, data	and ple	ica, and	dua to th	na cause(a)	and manner as	stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIES	m	/	1	22	1	29c. LICEN	YSE NUM	men + f / ·		T	29d. OAT	E SIGNEO	(Morgh, Day, Yea)
2	Maria M	11111	mfor	or s	M	/	D	18	416	/		P /	1/2	191	

JOHNS HOPKINS

HOSPITAL

MD

32. REGISTRAR'S SIGNATURE



31. DATE FILED (Month, Day, Year)
NOV 25 1991

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	10 THE HUSPITIAL OF ALTENDING PRODUCT IN THE LAW requires that the detendence on concerned many and the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIEN REG. NO.			
1. DECEDENT'S NAME (First, Middle, Le Wagner, Rich			2. DATE OF DEATH	i g	3. TIME OF DEATH 12:38	М		
4. SOCIAL SECURITY NUMBER 212-10-7402	5. SEX 6. AGE	O YRS.	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIRTH (Month, Day, Year) SEPT. 21, 19	BIRTHPLACE (State or Forel Country) MARYLAND	ign	
99. FACILITY NAME (If not institution, git DORCHESTER COUN' RESIDENCE OF DECEDENT	TY GENERAL HOS		o. CITY, TOWN	OR LOCATION OF D	EATH	DORCI	HESTER	H
10a. STATE 10b. COU			OWN OR LOCA LFORD	TION			10d. INSIDE CITY LIMITS? 1 YES 2 X NO	10
100. STREET AND NUMBER 1516 DEEP POINT	ROAD		10	1. ZIP CODE 21677		-	S.A.	
11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	12. WAS DECEOENT EVER FORCES? 1 YES		If yes, s		NIC ORIGIN? (Specify Yes on, Puerto Rican, etc.) ly:	s or No— 14.	RACE — American Indian, Black, White, etc. Specify: WHITE	1,
15. DECEDENT'S I (Specify only highest gr Elementary/Secondary (0-12) H/S GRAD		16e. DECEDENT'S US (Give kind of work life. Do NOT use in ELECTRIC.	done during metired.) REP	ATRMAN	166. KIND OF BUS			
17. FATHER'S NAME (First, Middle, Lest) GEORGE HENRY W.	AGNER				ME (First, Middle, Maiden LERGENMIL)	,	*	
19e. INFORMANT'S NAME (Type/Print) 19e. INFORMANT'S NAME (Type/Pr								
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated aventa resulting in death) LAST	bDUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF):	45	rpe an	eurys			
PART II. Other significant condi	tions contributing to death	weins	of	14129	Part i. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINE AMAILABLE PRIOR TO COMPLETION OF CAI OF DEATH? 1 YES 2 NO	AUSE
25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1. Netural 5 Pending	HOSPITAL: 1 inpatiant 2 ER/Out 28a OATE OF INJURY (Month, Day, Year)	patlant 3 DOA 4	me 5 Residence					
2 Accident Investigati 3 Suicide 6 Could not 4 Homicide detarmine	be 28e. PLACE OF INJUR	Y — At home, ferm, atre		YES 2 NO	261. LOCATION (Street City or Town, State		Rural Route Number,	
onal and	HYSICIAN: To the beat of my kno							ated.
296. SIGNATURE AND TITLE OF CHA	mm	Oliver		29c. LICENSE NU 0397	MBER 039749	29d. DATE S	SIGNED (Mornin, Day, Year)	21.
DAVID G OLIV	er MD	AUTO CA	Stree	t, Suite	25 Camb	ridge	Md, 2161	3
31. DATE FILED (Month, Day, Year) NOV 25 199	BEGISTAR'S SIG	THE			7			



NOV25 1991 Sharman from

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	9	5
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	STATE OF	/ DEPARTMENT				MENTAL	HYGIENE
		CERTIFICATE	OF	DEAT	H		REG. NO.
(act)							

	REGISTRAR	CERTIF	CATE OF DEATH	REG. NO.				
1	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH		3. TIME OF DEATH		
1 3	FREDERICK		WILSON	MONTH DA				
				11 21	1991	11:11 A. M		
	C T	In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HR MONTHS DAYS HOURS MIN	S. 7. DATE OF BIRTH (Month, Day, Year)	8. BIRT	HPLACE (State or Foreign		
	247-52-8016 1XIM2 OF 57	YRS.	MONTHS DATS NOUNS MI	1/15/34	ANI	ERSON, S.C.		
3	9e. FACILITY NAME (If not institution, give street and number)		96. CITY, TOWN OR LOCATION O	F DEATH	9c. COUNTY OF I			
R	1009 S.CALHOUN STREET	3 1 1 1 1	BALTIMORE					
DIRECTOR	RESIDENCE OF DECEDENT		DALITHORE					
E	10a. STATE 10b. COUNTY	10c. CITY	, TOWN OR LOCATION			10d. INSIDE CITY		
E	MARYLAND		LTIMORE CIT	V		TALIMITS?		
			DITTOIL OIL	L		1 PYES 2 NO		
Z.	100. STREET AND NUMBER		10f. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?		
E E	1009 S. CALHOUN STREET				US	SA		
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DECENDENT OF HIS	PANIC ORIGIN? (Specify Yea	Or No. 14 BAC	E — American Indian.		
	1 Never Married 2 Merried FORCES? 1 YES		If yes, specify Cuben, Me	xicen, Puerlo Rican, etc.)	Biac	k, White, etc.		
BY	3 Widowed 4 Divorced	ITES	1 TYES 2 A NO Sp	ecity:	Spec			
0	15. DECEDENT'S EDUCATION	44- DECEDENTIA				BLACK		
	(Specify only highest grade completed)	(Give kind of w	USUAL OCCUPATION ork done during most of working	16b. KIND OF BUS	INESS/INDUSTRY			
ا تا	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT use	e retired.)					
<u>₽</u>								
COMPLETE	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S	NAME (First, Middle, Maiden	Surneme))			
Ш	FRED WILSON			NAME (First, Middle, Melden ?	0/20	CKIDOLL		
100	19e. INFORMANT'S NAME (Type/Print)	105 114111110	ADDRESS (Otto)		COIP	crwell		
2	FRANCES BACOTE	7078	W. 42nd ST	BALTIMOR	n, Stete, Zip Code)	21211		
		1010	W. 42110 51	DALITMON	E, MD	51511		
	20a. METHOD OF DISPOSITION 1 N Burlel 2 Cremetion 3 Ramoval from State	PLACE AND DATE O	F DISPOSITION (Name of	DATE 20c. LO	CATION — City or To	own, State		
	4 Donation 5 Other (Specify)	ESTERN "	STAR CEMETER	RY BAL	TIMORE.	MARYLAND		
	21. BIGHATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRESS OF		,			
	y. nil.		LEROY O. I	YETT & SO	N FUNER	AL HOME		
	I NITH () NULL		4600 LIBER					
1	22 PART I Anter the diseasas, or complications that ceused	the death Do no	ot enter the mode of duing	til IIBidiii	3 AVENO			
	shock, or heert allure. Liet only one cause on es	ch line.	or other the mode or dying, a	den es cerdiac or respi	atory errest,	Approximete Intervel Between		
	IMMEDIATE CAUSE (FINAL)					Onset and Death		
	disease or condition	LEPOTIC	CARDIOVASCO	UMP DISE	375			
	DUE TO (OR AS A	CONSEQUENCE OF):					
z								
CERTIFICATION	Sequentially list conditions,	CONSEQUENCE OF):					
AT	if any, leading to immediate cause. Enter UNDERLYING							
5	CAUSE (Diseese or injury	CONSEQUENCE OF						
E	thet Initiated evente DUE TO (OR AS A reculting in deeth) LAST	CONSEQUENCE OF	:					
E	d							
	PART II Other eignificant conditions contribution to double	A ==A ==== tat=== t=						
EDICAL	PART II. Other eignificant conditions contributing to death be	it not resulting in	the underlying cause given	In Part i. 24a. WAS AN		. WERE AUTOPSY FINDINGS AVAILABLE PRIDE TO		
8				1 TYES 2		COMPLETION OF CAUSE		
					1.0	OF DEATH?		
2						1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL							
Ö	EXAMINER? HOSPITAL:	1	26. PLACE OF DEATH	Check only one)				
S	1 YES 2 □ ND 1 □ Inpatient 2 □ ER/Outpa		OTHER: 4 - Nursing Home 5X Resident	e 8 Other (Specify)				
E	27. MANNER OF DEATH 28a. DATE OF INJURY	28b. TIME	DF 28c. INJURY AT	28d. DESCRIBE HOW IN	JURY OCCURED			
	1 Natural 5 Pending (Month, Day, Year)	INJU	M 1 YES 2 NO					
B	2 Accident Investigation							
0	3 Suicide 8 Could not be 28e. PLACE OF INJURY building, atc. (Special	— At home, ferm, at fy)	reel, fectory, office	281, LOCATION (Street as City or Town, State)	nd Number or Rural F	Route Number,		
E	4 Homicide detarmined City or Town, State)							
117 10	- Holling detarmined							
Z.	POR OFFICE OF	doe death con-	d at the time date in the					
MPLE	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge)	edge, death occurred	st the time, date end place, end o	lua to the cause(e) end meni	ner as stated.			
COMPLE	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge)	edge, death occurred	at the time, date end place, end of at the time,	lus to the cause(e) end men he time, dete end placs, and	ner as stated. due to the cause(s) end manner as ateled.		
E COMPLETE	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge)	edge, death occurred	d at the time, date end place, end of at the time, at the time, date end place, end of at the time, at the time, date end place, end of at the time, date end place, end of at the time, at the ti	he time, dete end placa, and	due to the cause(e			
BE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowled one) 2 MEDICAL EXAMINER: On the basis of examination	edge, death occurred	, in my opinion, death occured at	he time, dete end placa, and	due to the cause(e			
ш	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowled one) 2 MEDICAL EXAMINER: On the base of examination	and/or investigation	29c. LICENSE PO . C . M	he time, dete end placa, and	due to the cause(e	(Month, Day, Year)		
BE	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge of the base of examination 2 MEDICAL EXAMINER: On the base of my knowledge of examination 2 MEDICAL EXAMINER: On the base of my knowledge of examination 2 MEDICAL EXAMINER: On the base of my knowledge of examination 2 MEDICAL EXAMINER: On the base of my knowledge of examination 2 MEDICAL EXAMINER: On the base of my knowledge of examination 2 MEDICAL EXAMINER: On the base of examination 2 MEDICAL EXAMINER: ON the	and/or investigation TH (ITEM 27) (Type, I	29c. LICENSE P O . C . M	he time, dete end placa, and IUMBER • E •	due to the cause(e	(Month, Day, Year) 2 — 1 9 9 1		
BE	299. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowled one) 2 MEDICAL EXAMINER: On the best of examination DO NAME AND THE OF THE PROPERTY OF THE PR	TH (ITEM 27) (Type, I	29c. LICENSE PO . C . M	he time, dete end placa, and IUMBER • E •	due to the cause(e	(Month, Day, Year) 2 — 1 9 9 1		
BE	299. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowled one) 2 MEDICAL EXAMINER: On the basis of examination 30. NAME AND THE OF TERMS WHO COMPLETE CAUSE OF DEAL MARKS F. GOLDE, TR. M.	TH (ITEM 27) (Type, I	29c. LICENSE P O . C . M	he time, dete end placa, and IUMBER • E •	due to the cause(e	(Month, Day, Year) 2 — 1 9 9 1		
BE	29. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowled one) 2 MEDICAL EXAMINER: On the best of examination DO ATURE AND TITLE OF TERTIFIER DO. NAME AND ADDRESS OF PERSON WHO COMPLETE CAUSE OF DEAL MARIO F. GOLUZ, JR., MP	TH (ITEM 27) (Type, I	29c. LICENSE P O . C . M	he time, dete end placa, and IUMBER • E •	due to the cause(e	(Month, Day, Year) 2 — 1 9 9 1		

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STA	ATE								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO.

1 - STATE REGISTRAR		CERTIF	ICATE OF	DEATH		REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last)					2, DATE OF MONTH			YEAR	3. TIME OF DEA	TH
Tarshell	M.	Walk	cer		1 1	22		91	12:36	Δ
4. social security number 215–90–8118	5. SEX 8.	AGE (In yrs. lest birthday) 20 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D.				PLACE (State or F	oreign
90. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 2200 blk Purnell Avenue Baltimore RESIDENCE OF DECEDENT										
10e. STATE tob. COUNT		t0c. CIT	Y, TOWN OR LOCAT	TION					10d. INSIDE CITY LIMITS? 1 X YES 2	
309 Gwynn Ave			101	21229				S A	HAT COUNTRY?	
11. MARITAL STATUS 1 (X) Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT E FORCES? 1	YES 2 NO	If yee, ap	endent of Hispai ecity Cuben, Maxica 2 NO Specif	in, Puello Rice	Specify Yes on, atc.)	or No-	14. RACE Bleck Speci	- American Ind k, White, etc.	len,
					16b. Ki	ND OF BUSI	NESS/IND	DUSTRY		Ī
17. FATHER'S NAME (First, Middle, Last)				te MOTHED'S NA	ME (Siret Mide	tle Meiden S	Cumpa mol			
Kenneth Walker	18. MOTHER'S NAME (First, Middle, Maiden Surname) Shirl Walker 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, 2									
Shirl Walker				nue Baltin				Code)		Ш
20a METHOD OF DISPOSITION t N Suriel 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify)	noval from State	Md Nat Memoria I Park					20c. LOCATION — City or Town, State Arbutus, Md			
21. SIGNATURE OF FUNERAL SERVICE LI	Marl		22. NAME AND ADDRESS OF FACILITY March F/H West 4300 Wabash Avenue						E	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OI	R AS A CONSEQUENCE O	F): F):							
PART II. Other signiticant condition	na contributing to de	eath but not resulting	in the underlyin	g cause givan in	Part I. 24	a. WAS AN A PERFORM	MED?	24b.	WERE AUTOPSY F AYAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2	CAUSE
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 [X YES 2 \sum NO	EXAMINER? HOSPITAL: OTHER:								t	
27. MANNER OF DEATH	1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Raeldence 6 XOther (Specify) On Street 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED							-		
1 Natural 5 Pending 2 Accident investigation 3 Suicide 8 Could not be	(Month, Day, 11 22 26a. PLACE OF I	1991 12:	26A 10	X	281, LOCATIO	ON (Street at	2 1 m	mct	o/auto	
4 Homicide determined building, atc. (Specify) On street 2200 blk.							Pur	na1	1 Road	
	ICIAN: To the beef of my	knowledge, death occurring			to the ceuse(e) and mann	ner ee etal	ed.		elated.
FIRE MICHATURE AND TITLE DE CERTIFIE		1		29c. LICENSE NU					(Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON W	O COMPLETED CAU	OF DEATH (ITEM 27) (Type	Print)	0.C.	М.Е.		> 1	1 22	1991	
al. Pal.	JR. MY		enn St	root B	01+i=			-		0.1

stociff a super disease. . I.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1. DECEDENT'S NAME (First, Middle,	Last)								2. DATE OF MONTH	DEATH		YEAR	3. TIME OF DEAT
		onald_	Perry		1				11	21			
4. SOCIAL SECURITY NUMBER	5. SE	M 2 F	6. AGE (In yrs.	last birthday) YRS.	IF UNDE	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF I	w Year)	,	Count	
9a. FACILITY NAME (If not institution,				7113.	95 CITS	Y, TOWN O	D L OCATI	DN OF DE		1-199			aryland
134 Steeple			10						AIH		9c. COUN		
RESIDENCE OF DECEDEN	T	se circie G.			len E	ourni	.e			A	nne	Arunde1	
	YTAUC			10c. CIT	ry, town	OR LOCAT	ION						10d. INSIDE CITY
	Anne A	Arundel Glen Burnie				LIMITS?				1 TES 2 0			
10. STREET AND NUMBER	-2					10f.	ZIP CODI						WHAT COUNTRY?
134 Steeple (210	-				S.A.	
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	F		T EVER IN U.S. YES 2 DIAR OR OATES			WAS DECI If yea, spe 1 YES	city Cube	n, Mexicar	IC ORIGIN? (S I, Puerto Ricei	pecify Yea on, atc.)	w No-	14. RACE Black Speci	E — American Indie k, White, etc.
15. DECEDENT'S (Specify only highest	EDUCATION	i atari)	16a.	DECEDENT'S	USUAL O	CCUPATIO	N		16b. KIN	ID OF BUSH	NESS/INO	USTRY	7111100
Elementery/Secondary (0-12)	1	ege (1-4 or 5 +		(Give kind of life. Do NOT u	se retired.)	aunng mos	st of workin	g					
				Infant									
17. FATHER'S NAME (First, Middle, Las									ME (First, Middl				
		nald John Yirka Dian 196. MATLING ADDRESS (Street and Number or Rural R					e Jear		_				
19a. INFORMANT'S NAME (Typa/Print)													
75 4 7 77 7		Donald Yirka							-	0100	D1220	m i -	313 010
20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 C 4 Donetion 5 Other (Specify)			cemetery, o	CE AND DATE	of disposither place)	mori	al P	ark	DATE 11/2	20c. LOCA	ATION — C	Ity or To	Md. 210
20a. METHOD OF DISPOSITION 1 1 Purial 2 Cremation 3 Cremation 5 Other (Specify) 21. BIONATURE OF PUREAL SERVICE 22. PART I. Enter the diseases abook, or heart fall	DE LICEMSEN	etions that	Clen	E AND DATE (COMMENT OF THE COMMENT O	or Dispositive place) en Me 22. Compared to the place of the place o	emori NAME AN GEORG 1001	al Po AODRES Je J. Rito de of dyl	ark soffac Gon hie ng, euch	DATE 11/21 HUTY HUTY HUTY	20c. LOCA 2 Gles neral	Home	rnie e P.	wn, stata
20a. METHOD OF DISPOSITION 11 Burlal 2 Cremation 3 C 4 Donetion 5 Other (Specify) 11. SIGNATURE OF PUNERAL SERVICE 23. PART I. Enter the diseases shock, or heart fall	DE LICEMSEN	SEVE	Glen	E AND DATE COMMENT OF ON HAVE	of Dispose the place) of Dispose the place in the place	emori NAME AN GEORG 1001	al Po AODRES Je J. Rito de of dyl	ark soffac Gon hie ng, euch	DATE 11/21 HUTY HUTY HUTY	20c. LOCA 2 Gles neral	Home	rnie e P.	A. Approximate intervel Be
20a. METHOD OF DISPOSITION 1	or complified of the complete	SEVE OUE TO (Coused the ce on each lice CON (OR AS A CONS	death. Do some	of Dispose the place pla	EMOTINAME AN GEORGE THE MOORE THE MO	al PD AODRES	ark ss of FAC Gon hie ng, euch	DATE 11/21 CCE Fur Hwy. H ae cerdlec	20c. LOCA 2 Gles neral	Home more tory erre	rnie e P. Mo	A. Approximate intervel Be
20a. METHOD OF DISPOSITION 1	b. d. HOS	SEVE OUE TO (OUE TO (tributing to	t ceused the account of the country	EANDDATE COMMENT OF THE COMMENT OF T	of Dispose the place in Me 22. Control enter place in Me 22.	mori NAME AN ECOTO 1001 The moderning	al PD AODRES [C J. Ritc de of dyl ANOI	ark s of FAC Gon hie ng, euch MALY	Part I. 24a	20c. LOCA 2 Gle 1 eral 3 altip or respira 2 vas an al PERFORM YES 2	Home more tory erre	rnie e P. Mo	A. A. 21225 Approxima Intervel Be Dreet end WERE AUTOPSY FIN ANAILABLE PRIOR COMPLETION DE CA
20a. METHOD OF DISPOSITION 1	bd. HOS	SEVE OUE TO (OUE TO (tributing to	CERE CON GOR AS A CONSIGN AS A	E AND DATE COMMENT OF	of Dispose the place in Me 22. Content enter AL H F): In the ur OTHER 4 Nur	EART Capelling Capel	ANOI	ark S OF FACE GON hie ng, euch MALY	DATE 11/20 CCE FUR HWY. In ae cerdlec	20c. LOCA 2 Gle 2 Gle 3 cle 3 cle 3 cle 3 cle 4 cle 4 cle 4 cle 5 cle 5 cle 6 cle 6 cle 7 cle 6 cle 7 cle 7 cle 7 cle 7 cle 8	HOME MORE STORY OF THE PROPERTY OF THE PROPERT	P. Mcest,	A. A. 21225 Approxima Intervel Be Dreet end WERE AUTOPSY FIN ANAILABLE PRIOR COMPLETION DE CA

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Patricia L.

8651 Ft. Smallwood Road

29c. LICENSE NUMBER 0268

Pasadena, Maryland 21122

Saldana M.D. 31. OATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Julia Bardon 1 1 11

2

death certificate be executed within requires that the OR ATTENDING PHYSICIAN: The law

page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 24 hours after death. Page 6 may be retained by the hospital or attending physician. director, and completely filled in by the f burial, cremation, or removal. 0 attending physician and Hygiene prior to signed by the atte After

FOR STATE REGISTRAR TUNG OCK STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH 120 lung ock A M 1991 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 M 2 F 129-24-0291 October 12,1908 China 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Holy cross Hospital DIRECTOR 5 montgomen RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Montgomery Wheaton TYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 2710-Hardy Avenue 20902 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 22000 IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, afc. 1 Never Married 2 Married If yes, specify Cuben, Maxican, Puerto Rican, etc.) BY 1 YES 2 NO Specify. 3 Widowed 4 Divorced Oriental COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NDT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high College (1-4 or 5 +) Elamentary/Secondary (0-12) 6 Chef Restaurant notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Lee Won Po BE Chin Shee 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Lee James Yung 2710-Hardy Avenue, Wheaton, Maryland 20902 pe 20s. METHOD OF DISPOSITION
1 M Buriel 2 ☐ Cremation 3 ☐ Removal from State
4 ☐ Doneflon 5 ☐ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State DATE must Washington Cem. Nov. 21, '91 Adelphi, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY J. William Lee's Sons Company Funeral Home 300-4th St., NE, Washington, DC 20002-5816 medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, Approximata ahock, or heart fallura. List only one cause Intarval Batwean IMMEDIATE CAUSE (Final Onaat and Death the HEMORAHASEdisasse or condition resulting in death) INMACEREBRAC ZYHYG event. DUE TO (OR AS A CONSEQUENCE OF): traumatic PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseasa or Injury injury, or other DUE TO (OR AS A CONSEQUENCE OF): that initiated evants resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIDE TO COMPLETION DF CAUSE 24a. WAS AN AUTOPSY t. of Health and shows any i 1 YES 2 Hyperransing OF DEATH? 1 YES 2 NO Dept. After this certificate had death with the State De marked, or item 5 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER: 1 TYES Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH (Month, Day, Year) 28b. TIME OF 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 YES 2 NO BY 2 | Accident 26e. PLACE OF INJURY — At home, farm, straet, factory, office building. atc. (Specify) DIRECTOR: Aft hours after de-item 28 is r 3 Sulcide COMPLETED 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) \$ Could not be 4 Homicida defermined item ; 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated. TO THE HOSPITAL O
TO THE FUNERAL D
Be filed within 72 ho
IMPORTANT: If ite MER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as atetad. BE 2

DHMH-16 Rev 1/89

	O THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hosp	D THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	Pa	ral d		iner
	death	fune		жаш
	after	by the	e filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ical
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	1 - STATE REGISTRAR	STATE OF M			MENT OF H			MENTAL HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last		OLIT	1111	DATE OF	DEA		2. DATE OF DEATH			3. TIME OF DEATH
1	SELMA E ALLEN							NOV. 13,	1991	YEAR	9:20 am
1)	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. lest birti	-	IF UNDER 1 YEAR	IF UNDER		7. DATE OF BIRTH		8. BIRTHE	PLACE (State or Foreign
1	578-01-7568	1 M 2 7 F	89 Y	AS.	IONTHS DAYS	HOURS	MIN.	(Month, Day, Year) NOV . 9, 19	902	MARY	LAND
1.05	9a. FACILITY NAME (If not institution, give			DE. CITY, TOWN O	R LOCATI				JNTY OF DE		
9	St. Mary's Hosp:	ital			LEONARD	TOWN			St.	Mary	7 s
						ION					
DIRECTOR	MARYLAND ST	. MARY'S			ON A D DO						10d. INSIDE CITY LIMITS?
	STORY AND MARKET								1 YES 2 NO		
EB	CEDAR LANE APTS	. #103					650				TAI COUNTRY
FUNERAL	11. MARITAL STATUS	12 WAS DECEDENT	EVER IN U.S. ARMED		13. WAS DECI	ENDENT C	F HISPAN	IIC ORIGIN? (Specify Yas	or No-	A. A.	— American Indian, White, atc.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WA	YES 2 NO		If yea, apo	cify Cuba	n, Maxica	n, Puarto Rican, atc.)		Black, Specify	
ED B		1									VHITE
H	15, DECEDENT'S EDI (Specify only highest grad	e completed)	(Give kir	ent's Us and of wor VOT use i	SUAL OCCUPATION IN done during mos	N st of working	ng	166. KIND OF BUS	SINESS/IN	DUSTRY	
12	Elamentary/Secondary (0-12)	College (1-4 or 5 +)									1
COMPLET	17. FATHER'S NAME (First, Middle, Last)		SECR	ETA	RY	40 14077		ME (First, Middle, Melden		ICE CO	OMPANY
	WILLIAM HENRY ALI	.EN							,		
BE	19a. INFORMANT'S NAME (Type/Print)	221	19b. MA	ILING A	DDRESS (Street at		-	ARGARET MI			
2	MS. RUTH ALLEN							ARDTOWN, M			00050
	25s. METHOD OF DISPOSITION N☐ Burlet 2 ☐ Cremation 3 ☐ Ren		20b. PLACE AND D	ATEOF	DISPOSITION (Nat		DHOIN			City or Tow	
	4 🗆 Donation S 🗀 Other (Specify)	1	cemetery, cremator CEDAR	y or othe HI	r place)			11/15 SUI			
	21. SIGNATURE OF FUNERAL SUPPLIES OF	See 1	()		22. NAME AN	D ADDRES	S OF FA	CILITY			KIDAND
	EDWARD N. BRINSFI	ELD, JR. M	00052					NERAL HOME LEONARDTO			
	23. PART I. Enter the diseases, or ahock, or heart failura. IMMEDIATE CAUSE (Final disease or condition	List only one caua	e on aach lina.	1	enter tha mod	fa of dyi	ng, sucl	as cardiac or reapi	ratory ar	rest,	Approximata Intarval Batween Onset and Daath
z	resulting in daath)	DUE TO (C	DR AS A CONSEQUEN	CE OF	accur	e ie	500				
CERTIFICATION	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):										
CERT	reaulting in death) LAST										
DICAL	PART ii. Other aignificant condition	ns contributing to d	aath but not result	ting in	tha undarlying	cause g	Ivan in	Part i. 24s. WAS AN PERFOR			WERE AUTOPSY FINDINGS
								1 YES 2			COMPLETION OF CAUSE OF DEATH?
ME											YES 2 NO
N N											
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		10	28. PL/	ICE OF DE	EATH (Che	ck only one)			
PHYS	1 VES 2 NO	28a. DATE OF IN	ER/Outpetiant 3 Do	OA 4			aldenca	6 Other (Specify)			
BY PI	1 Nstural 5 Pending 2 Accident Investigation	(Month, Day.	Year)	INJUR	M 1 Y	ES 2	NO	28d. DEŞCRIBE HOW II	NJURY OC	CURED	
ETED	3 Suicida 8 Could not be 4 Homicide detarmined	28a. PLACE OF 6 building, at	INJURY — At homa, fi c. (Specify)	nm, stre	at, factory, offica			281. LOCATION (Street a City or Town, State)	nd Number	r or Rural Ro	ute Number,
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI	ICIAN: To the best of m	y knowledge, dasth or minstion and/or invest	curred s	st the time, date a	and placa, ath occur	and dua	to the cause(s) and man	ner as sta	ted.	and manner as stated.
BE	296 SIGNATURE AND TITLE OF CERTIFIE	1	(0)			29c. LICE	NSE NUM	BER 7	29d. DAT	E SIGNED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WI		OF DEATH (ITEM 27)			UC	21	510	/	1,14	
	John Fewnwick, M. 31. DATE FILED (Month, Day, Year)	.D. Leona	ardtown,	MD.	20650						
	John Fewnwick, M 31. DATE FILED (Month, Day, Year) NOV 1 4 '91	32. HEGISTRAR	SSIGNATURE Pand	lall							
A	NUV 1 4 9 1	- Gumes to	to Import								

	- 6 -		
	18 00		
		1 11/2 11/10	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	CATE OF DEATH	REG. NO					
1. DECEDENT'S NAME (First, Middle, Last)			v	2. DATE OF OEATH		3. TIME OF DEATH			
ROBERT PEERY		ABELL	SB	MONTH D.					
4. SOCIAL SECURITY NUMBER	5. SEX 8. /		F UNDER 1 YEAR IF UNDER 24 HRS.	NOVEMBER 7. DATE OF BIRTH	1.0	BIRTHPLACE (State or Foreign			
220-12-3792			ONTHS DAYS HOURS MIN.	OCT. 20,	1925	Country) MARYLAND			
9e. FACILITY NAME (If not institution, give st	22		b. CITY, TOWN OR LOCATION OF		9c. COUNTY				
ST. MARY'S HOSPIT			LEONARDTOWN ST. MARY'S						
10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCATION			10d. INSIDE CITY			
MARYLAND ST. 1	MARY'S	LEC	ONARDTOWN			1 YES 2X NO			
10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?			
RT. 3 BOX 254			20650		U.	S.A.			
11. MARITAL STATUS 1 Never Merried 2 X Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 TO IF YES, GIVE WAR O WORLD WAR	YES 2 NO OR DATES	13. WAS DECENDENT OF HISP If yes, specify Cuben, Mex 1 YES 2 NO Spe	Icen, Puerto Ricen, etc.)	e or No— 14	. RACE — American Indien, Black, White, etc. Specify:			
15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S US	SUAL OCCUPATION	16b. KIND OF BU	SINESS/INDUS	TRY			
(Specify only highest grade Elementery/Secondery (0-12)	Completed) College (1-4 or 5+)	ife. Do NOT use	rk done during most of working retired.)						
12TH GRADE		AUDTO VI	SUAL TECHNICIA	N SCHOO	OL				
17. FATHER'S NAME (First, Middle, Last)		1		NAME (First, Middle, Maiden	Sumame)				
BENJAMIN KENNEDY	ABELL SE		ADELA		LYNCH	2			
19e. INFORMANT'S NAME (Type/Print)	, OI		DDRESS (Street and Number or Rur			vrie)			
						20650			
ANN L. ABELL			BOX 254, LEONA						
20s. METHOD OF DISPOSITION 1 X Burie! 2 Cremetion 3 Remark 4 Donetion 5 Other (Specify)	oval from State	of cemetary, crematory of SACRED HEAD	other place)	1/13/91 BU		y or Town, State), MARYLAND			
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSER	dine	MATTINGLEY-GARDINER FUNERAL HOME, P.A. P.O. BOX 270, LEONARDTOWN, MARYLAND 2						
Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST	If eny, leeding to immediate couse. Enter UNDERLYING CAUSE (Disease or injury								
reediting in deetil) LAST	d								
PART II. Other algnificant condition	eth but not resulting in	the underlying cause given	In Part I. 24e. WAS APPERFO	RMED?	24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
						1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)								
EXAMINER?	HOSPITAL: OTHER:								
27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJ (Month, Day, Y	INJURY OCCUI	RED						
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF IN building, atc.	IJURY — At home, farm, atr (Specify)	reet, factory, office	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
one) /1	The second secon		at the time, date end piece, end of						
296. SIGNATURE AND TITLE OF CERTIFIED			29c. LICENSE I	6206		GIGNED (Month, Day, Year)			
30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE O	OF DEATH (ITEM 27) (Type, F		CAL CENTER,		RDTOWN, MARYI			
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE NATIONAL							

DHMH-16 Rev 1/89

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

		2	
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician,	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2 be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once

	AEGISTAAA				EHIIF	ICAL	E OF	DEA	H		REG. NO.			
	1. DECEOENT'S NAME (First, MI		ie Arma	nost						2. DATE OF MONTH	DEATH	YEAR		OF DEATH
	4. SOCIAL SECURITY NUMBER									11	11	1991	110	46
	214-36-8060 A		5, SEX 1 M 2 F	8. AGE (In yrs. Ia 92	YRS.	MONTHS	DAYS	HOURS	MIN.	7. DATE OF (Month, E	lay, Year)	Cou	THPLACE (S	State or Foreign
	9a. FACILITY NAME (If not institu	ution, give s	street and number)			9b. CITY	, TOWN	OR LOCATI	ON OF D			c. COUNTY OF	-di	
DIRECTÓR	Carroll Count		eneral Ho	spital			Wes	stmin	ste	r			rroll	L
E		DE. COUNT	Y		10c. CIT	Y, TOWN	OR LOCAT	TION					1 404 1415	SIOE CITY
	Maryland 100. STREET AND NUMBER	Bal	timore				lamps	stead					LIN	IITS?
FUNERAL	17201 Grace 1	Road					101	r. zip cooi	107	4	1	Og. CITIZEN OF		UNTRY?
BY	11. MARITAL STATUS 1 Never Merried 2 Ma 3 Widowed 4 Divorce		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	T EVER IN U.S. AI	PMED NO		If yes, sp	CENDENT Control Cuba	n, Maxica	in, Puerto Rici	Specify Yas or an, atc.)	Bla	ick, White, a	ican Indian, atc.
TED	15. DECEDE (Specify only his	ghest grade	CATION completed)	1 (0	ECEDENT'S Give kind of a. Do NOT u	work done	CCUPATIO	ON est of working	ng	16b, KI	ND OF BUSIN	ESS/INDUSTRY		
COMPLET	7th grade)	College (1-4 or 5	+)	s. DO NOT G	se remed.)					Hanove	r Clot	hing	
Ö	17. FATHER'S NAME (First, Middle	le, Last)						18. MOTE	HER'S NA	ME (First, Mide	dle, Maiden Sur	name)		
IAI	R. Edwin Arma	acost						Be	erth	a Fowb	le			
TO B	19a. INFORMANT'S NAME (Type	/Print)		19	b. MAILING	ADORES	S (Street a	and Number	or Rural	Route Number,	City or Town, S	tate, Zip Code)		
F	Donald Cole				5030	Blac	ck Ro	ock F	Road	, Hamp	stead,	Md. 2	1074	
	20 METHOD OF DISPOSITION 1 Burlal 2 Cremation 4 Donation 5 Other (Sp.	3 Ram	oval from Stata	20b. PLACE cemetery, cre Gra	and date	of Dispos ther place)	SITION (Na	ame of	1	0ATE		on - city or ostead,		
	21. SIGNATURE OF FUNERAL SI	ERVICE LIC	CENSES/ X	X	//			D AODRES				uneral	_	3
	23. PART I. Enter the disease	71	man	mysel	7							stead,	Md.	21074
CERTIFICATION	Sequentielly list conditions if any, leeding to immediat cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	s, le	C. GANC	OR AS A CONSE	OUENCE OF	EM FI: KIGH!	NOL	f00.						
E			d. AL	2 EINE	RS	Di	SE	416						
MEDICAL	PART II. Other significant of the Control of the Co			deeth but not i		in the un	deriying	g cauee g	liven in		PERFORME	07	OF DEATH	TOPSY FINDINGS E PRIDR TO TION DF CAUSE H?
M	25. WAS CASE REFERRED TO M	EOICAL					26. PL	ACE OF DE	EATH (Ch	ack only one)			_	
Sic	EXAMINER?		HOSPITAL:	ER/Outpatient 3	DOA	OTHER 4 Num	₹:			8 Other (S				
PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pen	dina	28a. DATE OF (Month, D.	INJURY	28b. TIM		28c. INJ	-	- I		BE HOW INJU	RY OCCUREO		
BY	2 Accident Inve	stigation	28a. PLACE O	F INJURY — At ho	oma, farm, s	M street, fact		/ES 2 _	NO	28f LOCATIO	N (Street and	Number or Rural	Flouren Alicent	har
ETEC	- 0 000	rmined	building,	etc. (Specify)						City or To	own, State)	turnos or rigial	NOOIS NUME	our,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL	EXAMINE	CIAN: To the best of a	my knowledge, da	ath occurre	nd at the ti	me, data pinion, da	and place, eath occur	and dua	to the cause(s) and manner I place, and du	as stated. In to the cause	(s) and man	ner as stated.
ш	29b. SIGNATURE AND TITLE OF							29c. LICE				d. OATE SIGNE		
TO BI	- St	erth	UL					~	219			11	11/9	1
-	S. P. GIRT			SE OF DEATH (ITE		Print)	16/	1.4		1.1		(for t-d)	1	21115
	31. DATE FILED (Month, Day, Year)			R'S SIGNATURE		1 (/4	110	57		UES	Trit	ISTER	no	1157
	7 104		Pa. K.		00									,

PRESENTAL PRINCES THE COLUMN THE COLUMN CONTRA MILLENSFRY II WAR I THE OR DESCRIPTION OF

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 no	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or
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	1 - STATE REGISTRAR	OINIE OI I		O / DEPAR					MENTAL	HYGIEN REG. NO			32164	
	1. DECEDENT'S NAME (First, Middle, Last)				TITLE				2. DATE O		AY	YEAR	3. TIME OF DEATH	
	ANNE		DAVI		AC	KEF	MAM		10	1		91	3:53 p	
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs	. last birthday)	IF UNDER 1	_	IF UNDER		7. DATE O	Day Mark		6. BIRTH	PLACE (State or Foreign	
1	138-22-8404 D 9a. FACILITY NAME (If not institution, give s	1 M 2 F	91	YAS.	9b. CITY,	DAYS	HOURS	MIN.	July	7 4,			tol R.I.	
DIRECTOR	Memorial Hospi		aston			sto		ON OF DE	-AID	9c. COUNTY OF DEATH Talbot				
H.	10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN OF	LOCAT	ION						10d. INSIDE CITY	
	Maryland Ta	lbot		S	t. Mi	cha	els						LIMITS?	
FUNERAL	10e. STREET AND NUMBER					10f.	10f. ZIP CODE				10g. CITI	ZEN OF W	HAT COUNTRY?	
Ä	203 Mulberry St, 21663											U.	S.A.	
BY FU	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	NO	11	yes, spe	eNDENT Colly Cubs	n, Mexice	NC ORIGIN? n, Puerto Al	(Specify Yes	or No-	14. RACE Black Specifi	- American Indian, White, atc.	
ED	15. DECEDENT'S EDU	CATION	18e.	DECEDENT'S	USUAL OCC	UPATIO	N		16b. I	(IND OF BU	SINESS/IND	USTRY		
i ii	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 -	+)	(Give kind of a life. Do NOT us	vork done du se retired.)	ring mos	t of workin	g			0111200/1110	OSTAT		
COMPL	12			House	wife					Home	9			
00	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	IER'S NA	ME (First, Mil	ddle, Maiden	Surname)			
BE	William H. P	hillips							Warre					
0	19a. INFORMANT'S NAME (Type/Print)											Code)		
	Anne E. MacLaughlen 12 Jacobs St. Uniontown, Penna. 15401													
	20s_METHOD OF DISPOSITION 1 (ABurlai 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, cremetary, cremetar													
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Spring Hill Cemetery Oct. 14, 1991 Easton, Maryland 22. NAME AND ADDRESS OF FACILITY													
	Harrison E. Leonard Funeral Home 312 S. Talbot St. St. Michaels, Md. 21663 23. PART I. Enter the disasses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, Approximate													
ERTIFICATION	disease or condition resulting in death) a: ATHO SCINOTIC CANDIONAL IS A CONSEQUENCE OF): Due to (or as a consequence of): b. Due to (or as a consequence of): Due to (or as a consequence of): CANDIONAL IS A CONSEQUENCE OF): Due to (or as a consequence of): CANDIONAL IS A CONSEQUENCE OF):													
MEDICAL CE	PART II. Other significant condition		death but no	ot rasulting i	n tha unda	arlying	cause g	lven in l		4a. WAS AN PERFOR	MED?		WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 - NO	
ä														
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:			OTHER:				ck only one)					
TYS	27. MANNER OF DEATH	1 Enpatient 2 28s. DATE OF						sidence	6 🗆 Other (
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, De		28b. TIMI		WOR 1 YE	K?	NO	28d. DESCI	RIBE HOW II	NJURY OCC	URED		
TED	3 Suicide 6 Could not be determined	28a. PLACE Of building,	home, ferm, a	treet, factor	, office			28I. LOCAT City or	ION (Street a Town, State)	and Number	or Rural Ro	oute Number,		
OMPLE	29a. CERTIFIER 1 CERTIFYING PHYSIC (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of ax											and menner as atated.	
E CO	296. SIGNATURE AND TITLE OF CERTIFIER					-	29c. LICE						Month, Day, Year)	
0	Luly / /2 /	white	,			1	D3	141	16		> /	0/1	16	
5	30. NAME AND ADDRESS OF PERSON WHO		E OF DEATH (I	TEM 27) (Type,				/ 8	0			110	17/	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Ludwig J. Leg Lite VER III mg 606 Dutchman lave Enston md 21601 31. DATE EN EN MORE DE MAN 1 22 RECEIVED 606													
	Ludwig J. Egl.	It of for I	111 mg	> (01)	6 1	VII	los	2 -	11.	1/4	Lo.	000	12/2/1	
	31. DATE FILED/Month, Day, Year, J OCT 15 1991	32. REGISTRAI	R'S SIGNATURE	1 -	9	110	lor	79~	161	~ ll	Ens	70×	md 2160	

TO BE COMPLETED BY FUNERAL DIRECTO

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR		STATE OF MAR	YLAND / DEPART	MENT OF H	EALTH AND	MENTAL HYGIE	NE	1.100
1. DECEDENT'S NAME (First.	Middle, Last)					2. DATE OF DEATH	J.	3. TIME OF DEATH
	WT	LLIAM	HAROLD	A(60	MONTH	DAY YEA	R
4. SOCIAL SECURITY NUME			GE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		RTHPLACE (State or Foreign
216-01-0	508	₩ 2 □ F		ONTHS DAYS	HOURS MIN.	(Month, Day, Year)	Co	ountry)
9a. FACILITY NAME (If not in	200	21	02	Oh OITH TOHOL	PR LOCATION OF E	10-2-19		MD.
		RAL HOSPI		SALIS		DEATH	9c. COUNTY C	OMICO
RESIDENCE OF DEC		TODI I	IAL	DVPII	DOKI		WIC	OF1100
10a. STATE	10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY
MD.	WICOM	TCO	CAT	TODIIDV				LIMITS?
10e. STREET AND NUMBER	WICOM	1100	ISAL	ISBURY	ZIP CODE		I to DITIZEN	1 YES 2 YNO
1814 MT.	HEDMON	DOID					log. Citizen C	F WHAT COUNTRY?
11. MARITAL STATUS		RUAD 2. WAS DECEDENT EVE	TO MILLO ADVISO		21801		U	S.A.
1 Never Married 2		FORCES? 1 Y	ES 2X NO	13. WAS DEC	ENDENT OF HISPA solfy Cuban, Maxic	ANIC ORIGIN? (Specify Years, Puarto Rican, atc.)	ia or No— 14. R	ACE — American Indian, lack, White, atc.
3 Widowed 4 Divo	rced	IF YES, GIVE WAR O	R DATES	1 TYES	2 XNO Spec	ifty.	s	pecify. WHITE
15. DEC	EDENT'S EDUCAT	ION	18a. DECEDENT'S U	CHAL OCCUPATION				
(Specify only	highest grade con	npleted)	(Give kind of wo	rk done during mo.	st of working	16b, KIND OF BI	JSINESS/INDUSTR	Y
Elementary/Secondary (0	-12)	College (1-4 or 5+)						
17. FATHER'S NAME (First, M.	intelle for all		PRODUCT	ION MG			KERY	
						AME (First, Middle, Malde		
WILLIAM		OND ABI				N STEWAR'		
19a. INFORMANT'S NAME (7)			19b. MAILING A	DDRESS (Street a	nd Number or Rural	Route Number, City or To	vn, State, Zip Code,	
BETTY P	ATTERS	ON	1814	MT. HE	RMON R	D., SALISI	BURY, MI	21801
20a, METHOD OF DISPOSITI 1	n 3 🗆 Ramova		20b. PLACE AND DATE OF cemetery, crematory or other	DISPOSITION (Na or place)	me of	DATE 20c. L	OCATION — City o	Town, State
21. SIGNATURE OF FUNERAL		SEE /	PARSONS	CEMET	ERY D ADDRESS OF FA	11-9SA	LISBURY	MD.
16	2-11	K		24. NAME AN	D ADDRESS OF F	ACILITY		
Lela	lef (10de	mas	BOUN	DS FUN	ERAL HOMI	E, SALTS	BURY MD.
23. PART I. Enter the di	seeeee, or com	plipations that cou	sed the death. Do no	t enter the mo	de of dylng, eur	ch ea cerdiac or reer	iratory arrest	Approximate
shock, or he	ant lellure. List	only one cause p	n eech line.		7		matory arrest,	Interval Between
IMMEDIATE CAUSE (Fin disease or condition	61	Con	nin					Oneet and Death
resulting in death)	a	OUE TO CO	S A CONSEQUENCE OF:					Sacys
		DOE TO (ON A	S A CONSEQUENCE OF):					
Sequentielly list condition		un	emoun					
If any, leading to immed cause. Enter UNDERLY!		CIN	S A CONSEQUENCE OF		1000	v2		m 1. 11.
CAUSE (Disease or Injur		Strace		eng	Cana	er.		1 monte
that initiated events resulting in death) LAST		11-	S A CONSEQUENCE OF):	- V				Final
	d	HA	precun	mic				1 month
PART II. Other eignifices	nt conditions c	ontributing to deati	h but not resulting in	the underlying	ceuse given in	Part I. 24a. WAS AF	AUTOPEY	24b. WERE AUTOPSY FINDINGS
				,,,	arado giran in	PERFO	RMED?	AVAILABLE PRIOR TO
						1 TES	2 1/10	OF DEATH?
								1 WES 2 NO
25. WAS CASE REFERRED TO EXAMINER?		OSPITAL:			ACE OF DEATH (C/	heck only one)		
1 TYES 2 NO	1 (Impatient 2 ER/C		THER: Nursing Home	5 🗆 Rasidence	6 Other (Specify)		
27. MANNER OF DEATH		28a. DATE OF INJUR	Y 28b. TIME	OF 28c. INJU	JRY AT	28d. DESCRIBE HOW	INJURY OCCURED	
	Pending nvestigation	(Month, Day, Yes	r) INJUF	M 1 Y				
2 Sulate		28s. PLACE OF INJU	IRY — At home, farm, stre			261. LOCATION (Street	and Alumbas as Dun	- Courte Marshau
	ould not be letermined	building, atc. (S	(pecify)	,,		City or Town, State)	ai rigule regimoer,
29a. CERTIFIER								
(Check only			owledga, death occurred					
MEDIC	CAL EXAMINER: 0	n the basis of examina	tion and/or investigation,	in my opinion, de	ath occured at the	time, data and place, a	nd due to the caus	e(a) and manner as stated.
200. SIGNATURE AND TITLE	OF CERTIFIER		. A		29c. LICENSE NU	MBER	29d, DATE SIGN	ED (Month, Day, Year)
July	7/1	ALM bans.			D301	197	D 11/1	161
30. NAME AND ADDRESS OF	PERSON WHO CO	OMPLETED CAUSE OF	DEATH (ITEM 27) (Type P	rint)	2006		1110	(1)
71 - 1 .	ENSIDE		SAUSJURY	md	21801			
31. DATE FILED (Month, Day, Y	bar)	32. REGISTRAR'S SI	GNATURE					
NOV 0 7	1001	Lulia Devido						
14(14)	199	1						

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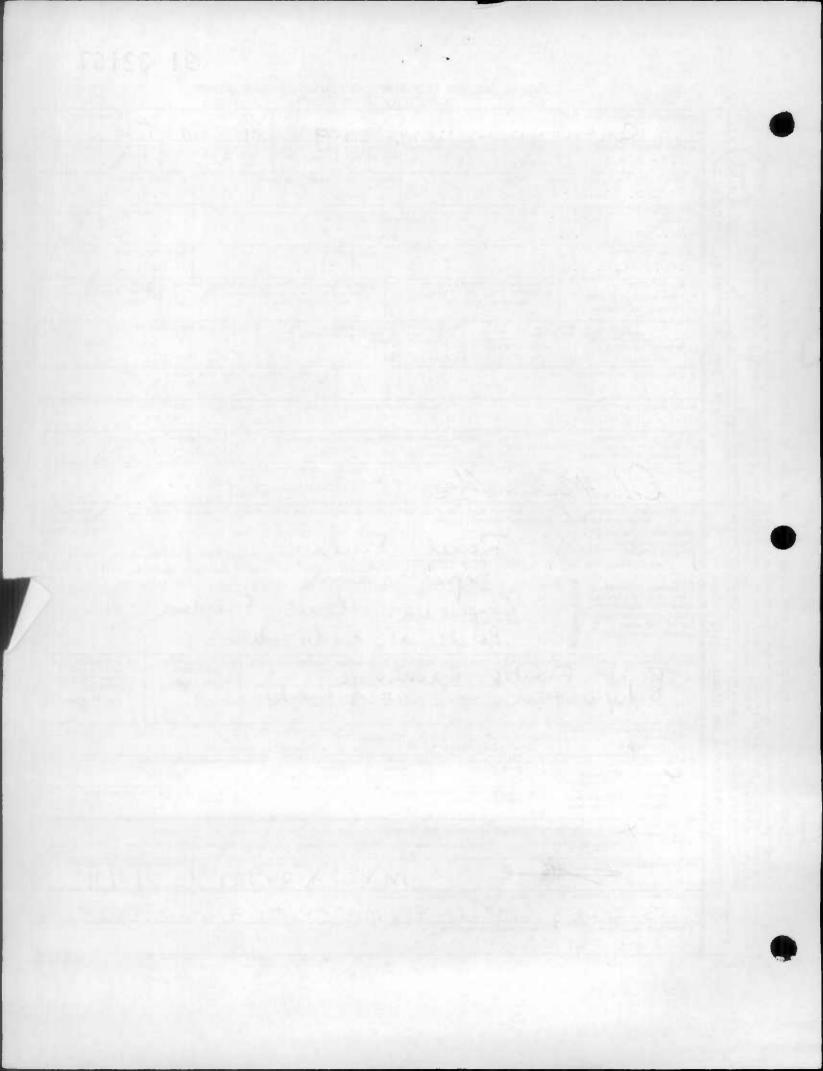
MUN 0 5 1581 September 1991 S 0 VAN

FOR

	REGISTRAR	CERTIF	CATE OF	DEATH	REC	S. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DE	ATH		3. TIME OF DEATN
	GEORGE FREDERICK AN	GER, JR			MONTH 1 1 —	11-91	YEAR	M
		AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIR (Month, Day, 1) 4 - 19-	TN (bar)	Counti	PLACE (State or Foreign
	9e. FACILITY NAME (If not Institution, give street and number)	07 1113.						York
BO	Rt. 1, BOX 413A Campground	Rd.	EDEN	R LOCATION OF DE	ATN		COMI	
	10e. STATE 10b. COUNTY	10c, CIT	Y, TOWN OR LOCAT	ION				10d. INSIDE CITY
DIR	MD WICOMICO		DEN					LIMITS? 1 YES 2 NO
FUNERAL DIRECTOR	100. STREET AND NUMBER Rt. 1 BOX 413A		101	21822			U.S.	A.
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EXPRORMES 1. IF YES, GIVE WAR OF YES, GIVE WAS DECEDENT EXPRESSION.		If yes, sp	ENDENT OF NISPANI ecity Cuben, Mexican 2 NO Specify:	, Puerto Rican, e		Spec	E — Americen indien, t, White, etc. fy: HITE
ED	15. OFCEDENT'S EDUCATION (Specify only highest grade completed)	16e. DECEDENT'S (Give kind of y	USUAL OCCUPATION	ON st of working	16b. KIND	OF BUSINESS/INI	-	HILE
COMPLET	Elementery/Secondery (0-12) College (1-4 or 5+)	ilfe. Do NOT us	se retired.)					
MP	12 Years 1 Year	SALESM	AN		P	AINT CO	MPAN	Y
00	17. FATNER'S NAME (First, Middle, Last)			10. MOTNER'S NAM	ME (First, Middle, I	Maiden Surneme)		
BE	GEORGE F. ANGER SR			EMMA LEI	ESMAN A	NGER		
10	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING	AOORESS (Street a	nd Number or Rural R	loute Number, City	or Town, State, Zij	p Code)	
	KATHERINE M. ANGER	RT 1	BOX 413	A EDEN,	MD 21	822		
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Removal from State	20b. PLACE OF DISPOS other place)	SITION (Name of cer	netery, cremetory or	2	ec. LOCATION	City or To	wn, State
	4 □ Danetion 5 □ Other (Specify)	SALISBURY	CREMATO	RY		SALISBU	RY,	MARYLAND
	21, SIGNATION OF FUNERAL SERVICE LICENSEE	2	HOLLO	WAY FUNE	RAL HOM		MD	21901
	I. Enter the diseesee, o complications that ca	With the		NOW HILL				21801
	shock, or heart fellure. Liet only one cause MEDIATE CAUSE (Finel disease or condition resulting in death) e	on each line.	m. p	doble				Approximate Interval Between Onset end Deeth
ATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	AS A CONSEQUENCE OF	F):					
CERTIFICATION	CALISE (Disease or Injury C.	AS A CONSEQUENCE OF	F):					
Ö	PART II. Other significant conditions contributing to de	th hut not reculting	In the underlyin	n course along to t	Don't at a	MAS AN AUTOPSY		
PHYSICIAN: MEDICAL	A (A) P. 1 . O//	/	Dr.	cause given in t	F	PERFORMEO? YES 2 10 NO	240	MANUAL AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
N: W								1 YES 2 NO
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER	(Outputlent 2 DOS	OTHER:	ACE OF DEATH (Che				
PHYS	27. MANNER OF DEATN 28s. DATE OF INJ	URY 26b, TIM	E OF 28c. IN.	URY AT		NOW INJURY OC	CURED	
BY	1 Netural 5 Pending 2 Accident investigation 3 Suicide 8 Could not be 28e. PLACE OF IN building, etc.	JURY — At home, ferm,		YES 2 NO	28f. LOCATION City or Town	(Street and Number	er or Runal	Route Number,
ETED	4 Homicide determined	(Giovany)			Ony or rown	i, Greib)		
COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of exam							e) end menner ee stated.
8	296. SIGNATURE AND TITLE OF CERTIFIER		ms	29c. LICENSE NUM	25219	29d, DAT	11-	(Month, Day, Year)
15	30. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF CA	M4 Ve	Print)	d Pr	ines	Anne	m	0 21853
IVA	31. DATE FILED (Month, Day, Year) NOV 1 2 1991 Sulia Laurison	- Pandelle						

1				AT Gi		R	Al
	1.	Di	ECE	DE	T	'S	N

	REGISTRAR		CERTIFI	CAIL	OF DEAL	Н	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)		Arm.	str	on q	2	DATE OF DEATH DAY	7 91	3. TIME OF DEATH 5:00 pm
	4. SOCIAL SECURITY HUMBER S. SEX 1 □ M	× 88	r. last birthday) YRS.	IF UNDER 1 YE	AR IF UNDER	24 HRS. 7.	CTODE ,	1903 8. BIRT	THPLACE (State or Foreign try)
	90. FACILITY HAME (If not institution, give street and nu Greater Laurel - Belt		pital		WN OR LOCATION	H OF OEATI	Н	9c. COUNTY OF P.G.	OEATH
ONE CHIESTORY	100. STATE 100. COUNTY Md. P.G.			town or L					10d. IHSIDE CITY LIMITS? 1 YES 2 HO
	100. STREET AND NUMBER 14016 Vista Drive				101, ZIP COOE			10g. CITIZEH OF	WHAT COUNTRY?
	1 Haver Married 2 Married FORG	DECEDENT EVER IN U.S ES? 1 YES 2 S, GIVE WAR OR DATES	NO	If ye		n, Maxican, I	ORIGIN? (Specify Yes Puerto Ricen, etc.)	or No — 14. RAI	CE — American Indian, ock, White, etc.
DE COMIL LE LES	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College	(1-4 or 5+)	Give kind of w Manag	rork done durir e retired.)	PATIOH g most of working	9	16b. KIHD OF BUSI	IHESS/IHOUSTRY	
	17. FATHER'S NAME (First, Middle, Leet) John Marshall					ier's name	(First, Middle, Maiden S		
2	190. INFORMANT'S NAME (Type/Print) Maríanne Anderson		19b. MAILING 14016	ADDRESS (SI	Drive	or Rural Rou Laur	ste Number, City or Town	, State, Zip Code) and 20	707
	20e. METHOD OF DISPOSITION 1	State 20b. PL	ace of dispos or place) Met	ro Cre	of comotory, crom 2matory	atory or		nsuille	
	21. SIGNATURE OF FUNERAL BETWEE LICENSEE	andly.	E E	Done		Funer	in Lal Home P Chue Laur		20707
OFFICE OF THE PROPERTY OF THE	shock, or heart fullure. List only IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	HSEQUENCE OF	a:	ulu nel Head Sudo	e .	Fail	ne	Interval Between Onset and Dasti
	PART II. Other significant conditions contrib Right From Delry water	lap h	aun		و	lalan	PERFOR	MED?	4b. WERE AUTOPSY FIHOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 HO
	25. WAS CASE REFERRED TO MEDICAL EXAMIHER? 1 YES 2 NO 1 Input	TAL:	of 3 DOA	OTHER:	26. PLACE OF D		k only one)		-
		DATE OF INJURY (Month, Day, Year)	26b. TIM	E OF 28	c. IHJURY AT WORK?	2	28d. DESCRIBE HOW IP	NURY OCCUREO	
	2 PECHANIA	PLACE OF IHJURY — building, atc. (Specify)	At home, ferm, a	itreet, factory	office	2	28f. LOCATION (Street a City or Town, State)	and Number or Run	al Route Number,
COMIT EL LES	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To t								e(a) and manner as stated.
	29b. SIGNATURE AHO TITLE OF CERTIFIER	e	V	N.N	29C LICE	24	721	29d. DATE SIGN	ED (Month, Day, Year)
	30. HAME AHD ADDRESS OF PERSON WHO COMPLI	14800	For	Print)	15+	井	11A, La	sorel Y	np 20707
	31. DATE FILED (Month, Day, Year) /b2.	REGISTRAR'S SIGNATU		12					
		V	,						DHMH-16 Rev 1/



91-6595-003 Items: 23 part I 27, 28a, b, C, d, e, f per MEO 12/11/91 G-682
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 32168 FOR STATE TO REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 08 DAY SCOTT 199 TAR Nolan ARMSTRONG 735A 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1X M 2 F DAYS HOURS 218-74-1176
9a. FACILITY NAME (If not institution, YRS. 05-8-58 California 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH NORTH ARUNDEL HOSPITAL DIRECTOR GLEN BURNIE ANNE ARUNDEL RESIDENCE OF DECEDENT Pages ' 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Anne Arundel Crownsville permit. 1 - YES 2 NO FUNERAL 10a. STREET AND NUMBER 10t. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? burial-transit 572 Palisades Blvd. 21113 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES WIND IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—it yea, specify Cuban, Maxican, Puarto Rican, atc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY 3 Widowed 4 Divorced White ED 18a. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION (Specify only highes 16b. KIND OF BUSINESS/INDUSTRY COMPLET (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) 12 Repairman Boats 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Robert D. Armstrong at Bellie Woodworth BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Armstrong 2 Billie Woodworth 572 Palisades Blvd. Crownsville, MD 21113 90 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must 4 Donation 5 Other (Specify) Metro Crematory Baltimore, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Hardesty Funeral Home, P.A. n by the removal. 851 Annapolis Road, Gambrills, medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. Approximate intervai Between IMMEDIATE CAUSE (Final disease or condition the **Onaet and Death** cremation, Alcohol and Narcotic Intoxication reaulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): and com other traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING physician prior CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 10 signed by the atter Health and Mental shows any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE YES 2 NO DF DEATH? YES 2 NO been of h PHYSICIAN: has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL Hem 28. PLACE OF DEATH (Check only of certificate h EXAMINER? HOSPITAL TX XYES 2 NO OTHER: HOSPITAL OR ATTENDING PHYSICIAN 1 Inpatiant X X ER/Outpatiant 3 I DOA of the 28b. TIME OF INJURY 4 ☐ Nursing Home 5 ☐ Realdence 6 ☐ Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY this (28c. INJURY AT WORK? Is marked, 28d. DESCRIBE HOW INJURY OCCURED 5 Pending 7:30 1 YES 2 NO BY death investigation Unknown After 2 Accident 28s. PLACE OF INJURY — At home, term, street, tectory, office building, etc. (Specify) 3 Suicida 281. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 500 blk of Pallisade 8 Could not be determined COMPLETED DIRECTOR: 28 4 Homicide ound: in parked auto Hei 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. FUNERAL I Ξ TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II XX MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIEF

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Julia Daurdson And Selecture

111 BENN STREET

29c. LICENSE NUMBER

OCME

BALTIMORE, MARYLAND

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1991

21201

29d. DATE SIGNED (Month, Day, Year)

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DR.

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31. DATE FILED (Month, 1)

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TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR	STATE OF N	MARYLAND	DEPAR	TMENT	OF H	EALTH ANDEATH	ND ME	ENTAL HYGIENI REG. NO.	E		02169
1. DECEDENT'S NAME (First, Middle, ELIZABETH	(AST) MAE			IBRII			-	DATE OF DEATH MONTH DA	_	YEAR .	3. TIME OF OEATH 7:12 P M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs Is		IF UNDER 1		IF UNDER 24 F	IRS. 7	DATE OF BIRTH		7	LACE (State or Foreign
214-08-8860	1 □ M 2 🏋 F	11	YRS.	MONTHS	DAYS	HOURS	HN.	Aug. 2,19	080	New?	York
9a. FACILITY NAME (If not institution,	give street and number)			9b. CITY,	TOWN C	R LOCATION	OF DEAT	н	9c. COUN	TY OF DE	ATH
FALLSTON GEN	Т			FALS	TO	N			HAR	FORI)
Maryland 10b. cc	Harford			rling							10d. INSIDE CITY LIMITS? 1 YES 2 1 NO
4049 Conowingo	Road				101	ZIP CODE 2103	34				HAT COUNTRY?
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15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)	EDUCATION grade completed) College (1-4 or 5 +) (I	ECEDENT'S Give kind of us e. Do NOT us Stude	work done do se retired.)	CUPATIO uring mo:	N st of working		186. KIND OF BUS	iness/ind	USTRY	
17. FATHER'S NAME (First, Middle, Las John Pauldir		ge						(First, Middle, Maiden S	Sumame) Ionk		
19a. INFORMANT'S NAME (Type/Print) Geraldine M. As		11	96. MAILING 4049	ADDRESS	(Street a			te Number City or Town		· 210)34
IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST	a. MULTIPL DUE TO c. DUE TO d	t csused the d se on each lin E / NJURI (OR AS A CONSE	AIR M	ther place) 22. N HC 1. Tool enter t	AME ANDWAY 317 he modernlying	Garder D ADDRESS C Cd K. I Cokest de of dying,	MCCCOUTY auch a	1-14-91 mas III F Road, Ab s cardiac pr respir	autopsy MED?	Air, al Ho	Md.
25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:					ACE OF DEATI	H (Check	only one)			
1 X YES 2 NO	1 Inpatient 2	ER/Outpetlant	3 🗆 DOA	OTHER:		5 Realde	nca 8 E	Other (Specify)			
27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF (Month, D. 11 / 10)	INJURY ay. Year)	28b. TIM 6:0		8c. INJU	RK?		d. DESCRIBE HOW IN			
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DONALD G, WRIG		. 11	1 PE		TRE	ET, BA	ALT	IMORE, MA	RYL	AND	21201
NOV 1 3 '01		r's SIGNATURE	dell								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 200 multis after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 multiple be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

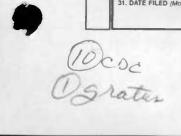
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year) NOV 13'91

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	4	INERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit Pe	í
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		t, Middle, Last)								2. DATE O	F DEATH			3. TIME OF DEATH
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	4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In y	rrs. lest birthday)	IF UNDER 1		IF UNDER 2		7. DATE OF	BIRTH		S. BIRTH	PLACE (State or Foreign
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EC	10a. STATE	10b. COUNT		1 - 4	10c. CI1	Y, TOWN OR	LOCAT	ION						10d. INSIDE CITY
8	Maryland	St.	Mary's			Holly	547CC	Fv						LIMITS?
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	Jan. 1	. 124	24	0-	1						r Fun	eral	Home	e, P.A.
-	or quere	Mattingley-Gardiner Funeral Home, P.A. P.O. Box 270, Leonardtown, Maryland 20650 ART . Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory arreat. Approximate												
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1 - FOR STATE REGISTRAR	STATE OF MARYL	LAND / DEPART CERTIFI	CATE OF D	DEATH	REG. NO			
1. DECEDENT'S NAME (First, Middle, Last) /				2. DATE OF DEATN		3	. TIME OF DEATN
MARION ADELA	DE / BROWN	nest,			MONTH E	MY KOC	YEAR	0.55
4. SOCIAL SECURITY NUMBER	1	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	////	6 RIRTHPI	ACE (State or Foreign
220-22-8479 9e. FACILITY NAME (If not institution, give	1 M 2 F 72	YRS.	9b. CITY, TOWN OR		SEPT. 10,	1919	MAR	YLAND
RESIDENCE OF DECEDENT 108. STATE 10b. COUN	's HOSE	Dita!	Leona TOWN OR LOCATION	rdto	Wn	SE. COUNT	TY OF DEA	Mary!
MARYLAND ST.	MARY'S		RAYDEN				1	LIMITS?
				ZIP CODE		-		AT COUNTRY?
GENERAL DELIVERY				20630			.S.A.	•
1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR D	2 N O	If yes, speci	NDENT OF NISPANIC lify Cuben, Mexican, NO Specify:	ORIGIN? (Specify Ye Puerto Rican, etc.)	s or No	Black, V	- American Indian, Vhita, atc.
15. DECEDENT'S ED	HCATION						DLAC.	N.
(Specify only highest grad	le completed)	(Give kind of wo	USUAL OCCUPATION ork done during most of	of working	16b. KIND OF BU	ISINESS/INDU	ISTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT use						
6TH GRADE		HOUSEK	EEPER		PRIVA	ATE HO	MES	
17. FATHER'S NAME (First, Middle, Last)			1	16. MOTNER'S NAME	E (First, Middle, Maiden	Sumame)		
GEORGE WHALE	EN			SARAH	GLAI			
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street and	Number or Rural Ro	ute Number, City or Tov	vn, State, Zip C	Code)	
AARON EUGENE BROW	<u>IN</u>	GENERA	L DELIVE	RY, DRAY	DEN, MARY	LAND	2063	30
20a. METNOD OF DISPOSITION 1 St Burlai 2 Cremation 3 Rei	200	D. PLACE AND DATE OF	F DISPOSITION (Name	eof	DATE 20c. LC	OCATION — CI	Ity or Town	State
4 Donation 5 Other (Specify)	Cen	ST	K'S UAM	E CEM.1	1/16/91	VALLE	EYIL	EE MARYL
21. SIGNATURE OF FUNERAL SERVICE L	CENSEE,		The state of the s					•
Melan	U4 1							
1 purue 4			MATTIN	GLEY-GAR	DINER FUN	VERAL I	HOME,	P.A.
23. PART /. Enter the diseases, or	complications that cause	d the death. Do no	P.O. B	OX 270,	LEONARDIC	WN, M	ARYLA	AND 20650
23. PART . Enter the diseases, or ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	. List only one cause on e	each line.	P.O. Bot enter the mode	OX 270,	LEONARDIX	WN, M	ARYLA	AND 20650 Approximate interval Betwee Onaet and Dea
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	Item: 1 - FOR STATE REGISTRAR	28f,pe	STATE OF M	MARYLAND	-682 / DEPAR ERTIF	RTMENT	OF H	EALTH DEA	AND I		HYGIEN REG. NO.	E	32	172
	1. DECEDENT'S NAME (First,		LEI	E			BUS	ВН		2. DATE OF MONTH			YEAR 991	3. TIME OF DEATH 8:55 p m
	4. SOCIAL SECURITY NUMBER 594-10-6234	' +	5. SEX 1 M 2 F	6. AGE (In yrs. la	YRS.	IF UNDER	DAYS	IF UNDER	MIN.	7. DATE OF (Month, D NOV.	ey, Year)		FLC	DRIDA
DIRECTOR	PRINCE GE	ORGES	SCOUNT	Y HOSP	ITAL			ERL		ATH			NCE	GEORGES
	MARYLAND 100. STREET AND NUMBER	ST.	MARY'S			HOLL	YWOO	D					ų	10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	RT. #4, F		12. WAS DECEDEN	T EVER IN U.S. AI	RMED			206	36	IC ORIGIN? (S	Connective Voca	U.8	S.A.	HAT COUNTRY? — American Indien.
ВУ	1 Never Married 2 3 Widowed 4 Divo	rced	FORCES? 1	YES 2	NO		If yee, sp	ecify Cube 2 X NO	n, Mexice	n, Puerlo Rice	n, etc.)	OF NO.	Black, Specify	White, etc.
COMPLETED	15. DEC (Specify only Elamentary/Secondary (0	EDENT'S EDU y highest grade 1-12)	CATION completed) College (1-4 or 5 d) (C)	ECEDENT'S Give kind of e. Do NOT us CUDEN'	work done se retired.)	CCUPATIO during mo	ON st of workin	ng	18b. KII	ND OF BUS	SINESS/IND	USTRY	
BE COM	17. FATHER'S NAME (First, MI WILLIAM JO	SEPH 1	BUSH					NIC	KII .	ME (First, Midd				
TO E	NICKII J. Y	OUNGB	LOOD	R	RT. #	4, BO)X 5	56,		YWOOD,	MAR	YLANI	206	
	1 Burial 2 Crematio 4 Donellon 5 Other	n 3 🗆 Rem (Specify)		20b. PLACE cometery, cre CHARI	ematory or o	ther place) F.MOR	[AL	GARD:		11/9	LEO		OWN,	MARYLAND
	The state of the s	RINSF		1100052		P.	0.	BOX :	279,		RDTO	WN, M	IARYL	AND 20650
	23. PART i. Enter the di shock, or he IMMEDIATE CAUSE (Fin disesse or condition resulting in death)	sart isilure.	a. Mu	se on esch line	le .	And	the mo		ing, such	iss cardisc	or respi	ratory srr	est,	Approximate interval Between Onset and Death
ERTIFICATION	Sequentially list condition if any, leading to immediates. Enter UNDERLY! CAUSE (Disesse or Injuthat initiated events resulting in death) LAS	diste NG ry		(OR AS A CONSE		(5)								
PHYSICIAN: MEDICAL C	PART II. Other significan	nt condition	s contributing to	desth but not	resulting i	in the un	derlying	cause o	liven in I	Part I. 246	PERFOR			WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
SICIA	25. WAS CASE REFERRED TO EXAMINER? 1 X YES 2 NO	MEDICAL	HOSPITAL:	ER/Outpatient 3	DOA DOA	OTHER	t:			ck only one)	nac(fv)			
		Pending nvestigation	28e. DATE OF (Month, De 1 1 / 0 5	INJURY ny, Year) / 1991		The state of the s	28c. INJU	JRY AT		DRIV	BE HOW IN			CYCLE/
TED BY	3 Suicide 8 6	Could not be letermined	28e. PLACE Of building.	F INJURY — At ho	oma, farm, a	T.C. F	ory, office	WAY		281. LOCATIO	N (Street e	nd Number	- 15-5 ph	OTOEE/
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFIER 2 MEDIC	CAL EXAMINE	CIAN: To the best of ax	my knowledga, de amination and/or	eath occurre	n, in my o	me, date	end place,	and due to	GROVEY	AND SX	due to the	XXX.	MARYLAND end mennar as steted.
TO BE	29b. SIGNATURE AND TITLE 30. NAME AND ADDRESS OF	v 1	Chu	to mi				29C. LICE	NSE NUM	BER	KI 3	29d. DATE	SIGNED (Month, Day, Year)
		HUTE,	M.D.	111	PEI	Print) NN S	TRE	ЕТ	BAL	TIMO	RE,	MARY	LAN	D 21201
	NOV 8'9	1	32. REGISTRAL	ion-Handal										1 716

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. OATE OF OEATH 3. TIME OF OEATH NOV 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year SEPT 20 IF UNDER 1 YEAR 8. BIRTHPLACE (State IF UNDER 24 HRS. 1 M 2 F HOURS 578-38-3742 YRS. 20 1929 MARYLAND 99. FACILITY NAME (If not institution, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 1, 2, 3 sh DIRECTOR DECEDENT RESIDENCE OF Pages 1 10e. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND ST. MARY'S **MECHANICSVILLE** permit. 1 YES 2 X NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4310 HARPERS CORNER ROAD burial-transit 20659 U.S.A. the hospital or attending physician 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 ☐ YES 2 ☑NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Noif yes, specify Cuben, Maxican, Pueno Ricen, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried BY 1 TYES 2 NO Specify: 3X Widowed 4 ☐ Divorced be detached for use as the BLACK COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementery/Secondary (0-12) College (1-4 or 5+) 9TH GRADE HOUSEWIFE HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) HARRY Page 6 may be retained by notitied at WINGATE HOLT BE BESSIE PENN page 5 should 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 JOSEPH CORNELL BUTLER, SR. 4310 HARPERS CORNER ROAD, MECHANICSVILLE, MD. 2065 pe 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must director, OUEEN OF PEACE CEM. HELEN, MARYLAND 11/8/91 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY hours after death. MATTINGLEY-GARDINER FUNERAL HOME, P.A. in by the P.O. BOX 270, LEONARDTOWN, MARYLAND 20650 medicai 23. PART I Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest. Approximate shock, or heart feliure. List only one ceuse on each line. and Intervel Between filled IMMEDIATE CAUSE (Final Onset and Deeth the disease or condition completely Jarelion event. resulting in death) certificate be executed within DUE TO (OR AS A CONSEQUENCE OF and con burial, traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF if any, leading to immediate cause. Enter UNDERLYING the attending physician Mental Hygiene prior to CAUSE (Disease or Injury that initiated events other DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 6 the death injury. PART II. Other significant conditions contributing to death but got insulting in the underlying cause given in Part I. MEDICAL 34s. WAS AN AUTOPSY 24b. WERE AUTOPSY FRIDINGS been signed by of. of Health and shows any li and by that PERFORMED? AVAILABLE PRICE TO COMPLETION OF CAUSE OF DEATH? I WES 2 SHO T YES I NO PHYSICIAN: OR ATTENDING PHYSICIAN: The law has b 23 DIVISION OF VITAL 25. WAS CASE REFERRED TO MEDICAL EXAMINER? item 26. PLACE OF DEATH (Chuck only one certificate to the State HOSPITAL: OTHER: 1 [] YEB 2 [ne S 🗆 Residence S 🗆 Other (Specify) 0 27. MANNER OF BEATH 264. DATE OF INJURY marked, 285. TIME OF 38c, INJURY AT WORK? 26d. DESCRIBE HOW BIJURY OCCURED this t Neturei 5 Pending Investiga м BY 1 YES 2 NO After 2 Accident 28e. PLACE OF INJURY — At home, larm, street, factory, office building, etc. (Specify) 3 Swittle 60 28f. LOCATION (Sheet and Number or Rurel Route Number, COMPLETED 6 Could not be DIRECTOR: / 500 4 Homicide item 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) end manner as stated. TO THE HOSPITAL TO THE FUNERAL ED be filed within 72 h 2 MEDICAL EXAMINER: On the beels of gla estigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and menner as stated. 296 SIGNATURE AND TITLE OF CENTURE BE 29d. DATE SUSNED (Month. Day Year) Cu Le wry 3411 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) maryland

32. REGISTRAR'S SIGNATURE Randard

8 '91

NOV

	1 - FOR STATE REGISTRAR	STATE OF MAR			OF HEAD		MENT	AL HYGIEN REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) FRANCES	BONACI	Ā				MON	e of oeath th DA EMBER 7	, 19	YEAR 91	3. TIME OF OEATH 5:00 A. M
"PA	4. SOCIAL SECURITY NUMBER 082-22-5627	5. SEX 6. A	GE (In yrs. last birthday) 82 YRS.	IF UNDER	DAYS HO	INDER 24 HRS	(Mo	E OF BIRTH hth, Day, Year)	1909	Count	HPLACE (State or Foreign ry) YORK
2	9e. FACILITY NAME (If not institution, give s				, TOWN OR LO				9c. COU	INTY OF D	DEATH
2	ST. MARY'S NURSI	NG CENTER		<u> </u>	EONARD	TOWN			51	. MA	RY'S
DIRECTOR	10e. STATE 10b. COUNTY				OR LOCATION						10d. INSIDE CITY LIMITS?
	MARYLAND ST.	MARY'S	1	LUNA	RDTOWN	CODE			T 40= 017	TEN OF	1 TYES 2 NO
RA	16 COOPER DRIVE,	RDETON RAY	7		-	0650				.S.A	
FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVE FORCES? 1 Y	ER IN U.S. ARMED			NT OF HIS		IN? (Specify Yea o Ricen, etc.)		14. RAC	E — American Indien, k, Whita, atc.
D BY	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE WAR O			1 🗆 YES 2 🙀	NO Spe				Spec	WHITE
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	life. Do NOT	work done	during most of	working	1	Bb. KINO OF BU	SINESS/INI	DUSTRY	
1 m	17. FATHER'S NAME (First, Middle, Last) MAX MENDEL		110111	JIHIKL			NAME (First	. Middle, Malden	Sumame)		
TO BI	190. INFORMANT'S NAME (Type/Print) MRS. LOLA BLOMGR	FN						mber, City or Tow TOWN, N			20650
	20e. METHOD OF OISPOSITION 1 Burlel 2 X Cremetton 3 Rem	T	20b, PLACE AND DA	TE OF DISP	OSITION (Nan	-			CATION —		
E L	4 Donation 5 Other (Separate	Buses .	HUNTI CRI		RY NAME AND A	DRESS OF		/8 WALI	OORF,	MAR	YLAND
examiner must be	Solwaull. L	LD, JR. MO	0052	BR	INSFIE	LD FU	JNERA	L HOME,			AND 20650
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition recuiting in daath) Sequantielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in daath) LAST	bDUE TO (OR /	AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE	OF):	st (en	br	A cu	der	À	Onset and Daath
	PART II. Other significant condition	e contributing to das	th but not reculting	In the u	nderlying ca	use given	In Part I.	24a. WAS AN		24	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
MEDI								1 TYES			COMPLETION OF CAUSE OF DEATH?
AN	25. WAS CASE REFERRED TO MEDICAL				28. PLACE	OF DEATH	(Check only	one)			
YSICI/	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/	Outpatient 3 DOA	4 Nu	R: rsing Home 5	☐ Residen	ce 6 🗆 O	her (Specify)			
D BY PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28e. DATE OF INJU (Month, Day, Ye		IME OF NJURY	28c. INJURY WORK? 1 YES	AT 2 NO	28d. C	EŞCRIBE HOW	INJURY O	CCURED	
22 2	3 Suicide 6 Could not be datermined	26e. PLACE OF INJ building, etc.	IURY — At home, farm (Specify)	, street, fac	ctory, office		261. L	OCATION (Street ity or Town, State	and Numbe	er or Rural	Route Number,
IMPORTANT: It item 2 O BE COMPLET	COROCK ORMY	ICIAN: To the beat of my i									(a) and manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	R	//		29	LICENSE	NUMBER		29d. DA	TE SIGNE	p (Monthe Dis), Years
D D	JU NAME AND ADDRESS OF PERSON W	O COMPLETED CAUSE OF	TH (ITEM 27) (Ty	pe, Print)		D199	17		_	11/8	/7/
	-6-1	D) 17 AVA	EEDCOM CT	DEET	LEONA	RDTO	WN, M	ARYLAN	D 206	550	
	NOV 8'91	Gulia David	SIGNATURE SON-Mandall	<i>a</i>			1				DHMH-16 Rev 1/8

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

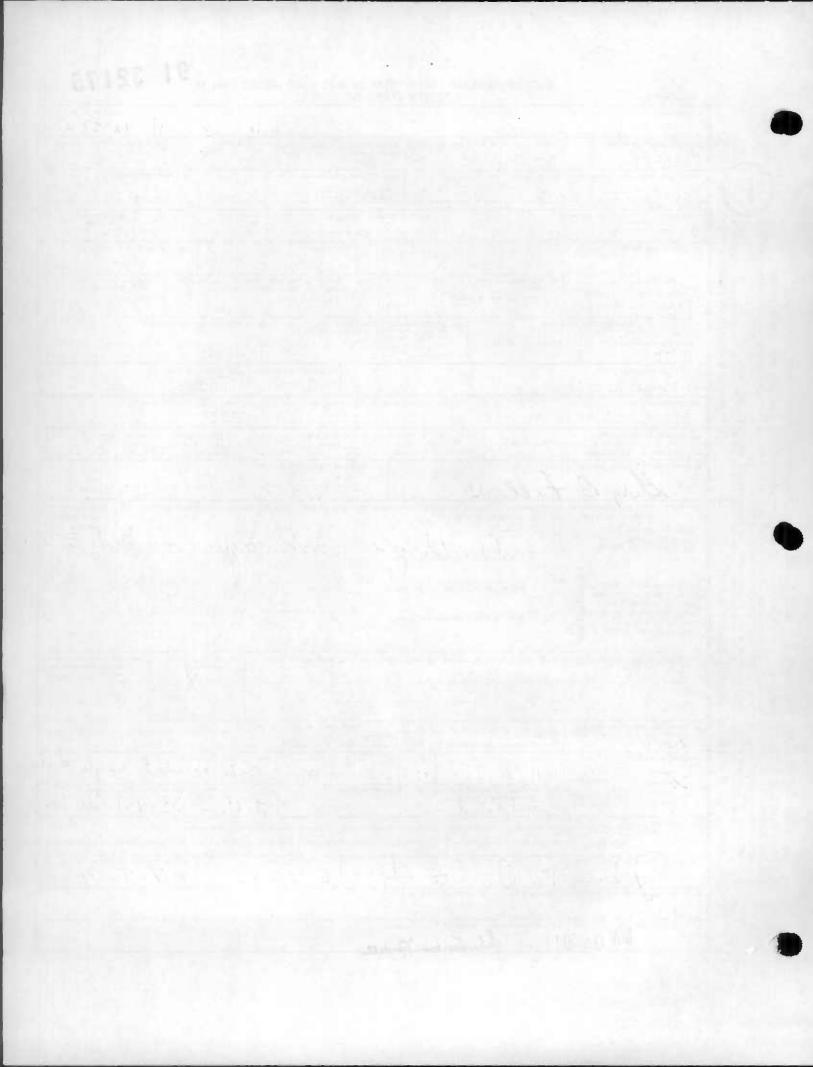
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within z ours after death. Page 6 may be retained by the host TO THE RINERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

INPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Excours after death. Page 6 may be retained by the hospital or att	ECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use	tate
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32175 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - FOR STATE REGISTRAR	STATE OF MARYLA		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIENE REG. NO.	21	2115
1. DECEDENT'S NAME (First, Middle, La	st)			2. DATE OF DEATH MONTH DAY	VEAG	3. TIME OF DEATH
Marvin Dougl	as Burris			It 3	9 YEAR	12:53 A. M
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (II		IDER 1 YEAR IF UNDER 24 HRS.	7. OATE OF BIRTH	e. BIRT	HPLACE (State or Foreign
215-74-8453 90. FACILITY NAME (If not institution, gi	1 M 2 □ F 35		DAYS HOURS MIN.	July 5,19	95 COUNTY OF	MD
Pondtown -IF	Road		ondtown	JEANN .	Q.A	
10a, STATE 10b, COL			/N OR LOCATION			10d. INSIDE CITY LIMITS?
MD K	Cent	Mill	ington			1 TES 2 NO
100. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
Rt 1, Box 3			21651			USA
11. MARITAL STATUS 1XXNever Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 VNO	13. WAS DECENDENT OF HISP. If yes, specify Cuban, Maxic 1 TYES 2 NO Specific No. S	can, Puarlo Rican, atc.)		CE — American Indian, ck, White, etc.
15. DECEDENT'S (Specify only highest g Elementary/Secondery (0-12) 1 2 17. FATHER'S NAME (First, Middle, Last)	rade completed)	18a. DECEDENT'S USUA (Give kind of work d life. Do NOT use retir	one during most of working	18b. KIND OF BUSI	NESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +)			D 1 -		
17. FATHER'S NAME (First, Middle, Last)		Laborer		IAME (First, Middle, Meiden S		struction
Alonza Burri				ia Wilson	umamej	
M AND INCOMMENTS NAME (Top (Trick)	. 0	10h MAII ING ADD	RESS (Street and Number or Rurs		State 7in Code	
Olivia Wilso	\n		tertown, M		State, 210 C006)	
2ρρ. METHOD OF DISPOSITION					ATION — City or	Town Chata
1 Buriat 2 Cremation 3 1 4 Donation 5 Other (Specify)	Removal from State	other place)	(Name of cometery, cremetory of terville C			on, MD.
21, SIGNATURE OF FUNERAL SERVICE	LICENSEE		22. NAME AND ADDRESS OF			
> Yasu B	+000005		Fellows F	uneral Hon	ne, P.	A. 21651
23. PART i. Enter the diseasee,	or complications that caused	I the death. Do not e				Approximata
iMMEDIATE CAUSE (Final disease or condition reaulting in death)	a. DUE TO (OR AS A	CONSEQUENCE OF E	le Int	Injure	<u></u>	Onset and Death
Sequentielly liet conditione, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST	С.	CONSEQUENCE OF):				
reaulting in death) LAST	d					
PART II. Other eignificant cond STATE OF THE PART OF	tione contributing to death be	ut not resulting in th	a undarlying cause given	in Part I, 24a. WAS AN PERFORI 1 YES 2	MED?	4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ž						
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТ	28. PLACE OF DEATH (Check only one)		
YES 2 NO	1 Inpatient 2 ER/Outp	estient 3 DOA 4	Nursing Home 5 - Realdence	· · · · · · · · · · · · · · · · · · ·		Â
Tending 5 Pending	(Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? M 1 YES 2 NO	Out a	JURY OCCURED	. single relies
	20e. PLACE OF INJURY	— At home, ferm, street	, factory, offica	28t. LOCATION (Street at City or Town, State)	SR R	of Route Number, Let
one)	HYSICIAN: To the best of my know MINER: On the basis of axaminstic					e(a) end mannar as stated.
29b. SIGNATURE AND TITLE OF CERT	· K Um	id f	29c, LICENSE N	IUMBER 3 4 S	29d. DATE SIGN	ED (Month, Dey, Year)
John R. Smi		entrevill		17		
31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGN					MALLER



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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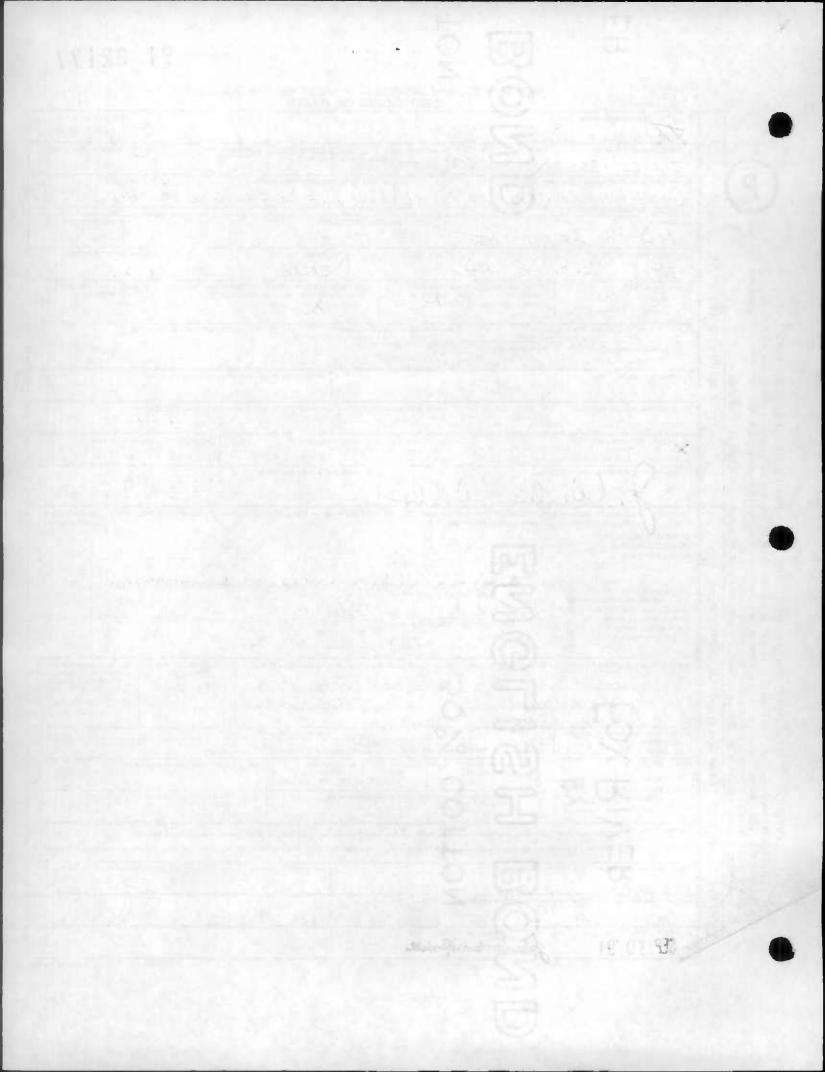
TO BE COMPLETED BY FUNERAL DIRECTOR

REGISTRAR			C	ERTIFIC	CATE O	F DEATH	REG. NO		
1. DECEDENT'S NAME (First, 1) The		lenry Mor	ris Br	amble	Jr	•	2. DATE OF DEATH MONTH 9-26-199	î	26 3. TIME OF DEATH 4:10Am M
4. SOCIAL SECURITY NUMBE 215-09-0785		5. SEXMale	6. AGE (In yrs. le		F UNDER 1 YEAR		7. DATE DF BIRTH (Month, Day, Year) 10-21-1	911	BIRTHPLACE (State or Foreign Country)
9a. FACILITY NAME (If not inst	ltution, give st	reet and number)		9	b. CITY, TOW	N OR LOCATION OF DI	EATH	9c. COUNTY	Y OF DEATH
Kent & Queen	DENT		spital	INC.	Ches	tertown, mo	đ	Kent	
Maryland	Ke				ester	town, Md.			10d. INSIDE CIT NO
100. STREET AND NUMBER		Quaker	Neck			101. ZIP CODE 21620		USA	N OF WHAT COUNTRY
11. MARITAL STATUS Wic	larried	12. WAS DECEDEN FDRCES? 1 IF YES, GIVE W	YES 2 X	NO NO	If yea,	Specify Cuban, Maxica ES 2 ND Specif		or No.— 14	Black, White, atc. Specify: White
15. DECEI (Specify only I Elementary/Secondary (0-1		ATIDN completed) College (1-4 or 5 +) (0	ECEDENT'S US Give kind of work Do NOT use re Cural M	k done during etired.)	most of working	US GOV		Civil t Service
17. FATHER'S NAME (First, Mide	dle, Last)						ME (First, Middle, Maiden		
10- INFORMATIO MANS CT.		omas Hen				Carol:	ie L. Atki	nson	
Richard Bran		(Son)	19	6. MAILIND AD	DRESS (Stre		Route Number, City or Tow Stertown,		1620
20a. METHDD DF DISPOSITIO 1 Buriel 2 Cremation 4 Donation 5 Other (S	3 Remo	ial val from State	20b. PLACE	AND DATE OF C	disposition meter	y 9/28/1			y or Town, Stata n, Md. 21620
21. SIGNATURE OF FUNERAL)ill	is W	ells	1	J.		lls - Ches		n, Md. 21620
23. PART . Etar the distance, or hea immediate CAUSE (Final disease or condition resulting in death) Sequentially list condition it any, leading to immediacause. Enter UNDERLYIN CAUSE (Disease or injury that initiated eventa resulting in death) LAST	ans, ate	DUE TO Gas	DR AS A CONSE	DUENCE DF): CORCI DUENCE DF): Likeral	none	Appei to GVs		ry PA	Interval Between Onset and Death
PART II. Other significant		speulo				SUT, AS	OCDEDA	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIDR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 ND
25. WAS CASE REFERRED TO I	1	HOSPITAL:		0	28. THER:	PLACE DF DEATH (Ch	eck only one)		
1 YES 2 ND 27. MANNER OF DEATH 1 Naturel 5 Pe 2 Accident Inv		1 Inpatiant 2 Inpatiant 2 Month, De	NJURY		Nursing H	Ome 5 Ansidence NJURY AT VORK? YES 2 ND	8 Dthar (Specify) 28d. DESCRIBE HDW II	NJURY DCCUR	ED
3 Suicide 6 Co	uld not be termined	28a. PLACE DF building,	INJURY — At ho tc. (Specify)	ome, farm, stree	et, factory, of	fica	28f. LOCATION (Street a City or Town, State)	nd Number or I	Rural Route Number,
29a. CERTIFIER (Check only one) 1 CERTIF	YING PHYSIC	IAN: To the best of ax	my knowledga, de amination and/or	eath occurred a	t the time, do	ita and place, and due	to the cause(s) and man	ner as stated.	suse(a) and manner as stated.
296. SIGNATURE AND TITLE O	CERTIFIER	2	(D-2388	9)	29c. LICENSE NUN		29d. DATE SI	GNED (Month, Day, Year)
30. NAME AND ADDRESS OF P	ERSON WHO	COMPLETED CAUS	Claste	M 27) (Type, Pris	nt)		1620		1-0[1]
31. DATE FILED (Month, Day, Yea	91		S SIGNATURE	fandelle					

J William William

1 . STATE

9a.		SEXMale 6. AGE (in yrs. lest birthday) III	BAUER FUNDER 1 YEAR DAYS B. CITY, TOWN (IF UNDER 24 HRS. HOURS MIN.	2. DATE OF DEATH DAY 9 1 26/xxx 7. DATE OF BIRTH (Month, Day, Year) Jan. 7, 1	5 9 (8. BIRT Coun	3. TIME OF DEATH 4:27A HPLACE (State or Foreign try) aryland
9a.	2/2-05-3552 FACILITY NAME (If not institution, give stree GOOD SAMAAL ESIDENCE OF DECEDENT	SEXMale 6. AGE (In yrs. lest birthday) III	F UNDER 1 YEAR ONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Jan. 7, 1	8. BIRT	try)
9a.	2/2-05-3552 FACILITY NAME (If not institution, give stree GOOD SAMAAL ESIDENCE OF DECEDENT	M2□F XXX	1 83 YRS. M	ONTHS DAYS	HOURS MIN.	Jan. 7, 1	Coun	try)
FIE 10a	GOOD SAMARA	TMA) AGS	9	b. CITY, TOWN				
	ESIDENCE OF DECEDENT	TRAI HOS			OR LOCATION OF DE		9c. COUNTY OF	DEATH
			POTAL	5601 L	OCH PEKV	EN BOW	ENLTH	ORE 212
	111			TOWN OR LOCAT				10d. INSIDE CITY LIMITS?
10e	MD BALL	THERE	Balt	imore	City			XX YES 2 NO
	3815 VOLAN	DA RD.		10	ZIZIE		10g. CITIZEN OF	WHAT COUNTRY? USA
11.	\	2. WAS DECEDENT EVER IN FORCES? 1 TYES		13. WAS DEC	CENDENT OF HISPAN	IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.)	or No- 14. RAG	CE — American Indian, ck, White, atc.
3 [Naver Merried 2 Married Wildowed 4 Divorced	IF YES, GIVE WAR OR DA	ates no		2 NO Specify			white
	15. DECEDENT'S EDUCAT (Specify only highest grade col	TION mpleted)	16a. DECEDENT'S US (Give kind of wor	k done during mo	ON ost of working	16b. KIND OF BUS	SINESS/INDUSTRY	
17. 1	Elementary/Secondary (0-12)	College (1-4 or 5+)	instrum	,	ker	Manfacti	uring	
17.	FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Malden	Surname)	
	John T.	Bauer	- 1			Le Doyne		
1911.	n. INFORMANT'S NAME (Typo/Print) Ellen Bau	er Wife	19b. MAILING AI 3518	Yoland	nnd Number or Rural I O Road Ba	Route Number, City or Tow altimore, I	n, State, Zip Code) Md. 2121	8
110	Butled 2 Cremellon 3 Remove		b. PLACE AND DATE Of cemetary, crematory or	other place)	(9/28/19		cation - city or tertown,	
	. SIGNATURE OF FUNERAL SERVICE LICEN		hester Ce		ND ADDRESS OF FA		Box # 2	
	· J. Wil	lis W	100 ls	J. W:	illis Wel			Md. 21620
Se if i csi	equentially list conditions, any, leading to immediate suse. Enter UNDERLYING AUSE (Disease or injury nat initiated events	Conque	A CONSEQUENCE DF): WY WILLIAM A CONSEQUENCE OF):	+ Faile	upin ue	som kerlini	(exister)	000
rea	eaulting in death) LAST	mitacle l	ung CA c	busis	is metar	rues.		
	ART II. Other significant conditions No musuaded mate		Subdural			Part I. 24a. WAS AN PERFOR		Bb. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE
PA	Ementer ideas to		ya a a a a a a a a a a a a a a a a a a			1 TYES 2	P □ NO	DF DEATH?
	a di di di di	1	/	14	ydinylul	us .		1 TYES 2 NO
25.	. WAS CASE REFERRED TO MEDICAL		sepses	28. P	LACE OF DEATH (Ch	eck only one)		
		IOSPITAL:		OTHER:	ne 5 🗆 Residence			
27.	MANNER OF DEATH	26s. DATE OF INJURY	28b. TIME		JURY AT	28d. DESCRIBE HOW	NJURY OCCURED	
	1 Natural 5 Pending	(Month, Day, Year)	INJU		ORK? YES 2 NO			
	2 Accident Investigation 3 Suicide 8 Could not be determined	28a. PLACE OF INJURY building, aic. (Spec	f — At home, farm, str cffy)	eel, factory, offic	ca	26f. LOCATION (Street City or Town, State)		l Route Number,
	one)	AN: To the best of my know						
294	2 MEDICAL EXAMINER:	On the beels of examination	on and/or investigation,	in my opinion,				
295	bb. SIGNATURE AND TITLE OF CERTIFIER	21.211			29c. LICENSE NU	MBEH	DATE SIGN	ED (Month, Day, Year)
296	bb. SIGNATURE AND TITLE OF CERTIFIER	MMUU COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, P	Print)	29c. LICENSE NU	мвен	Þ 9 =	25-91



	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			TAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last) HELEN VI	RGINIA	RUSSELL		K /	TE OF DEATH DAY	47	12:19 RM			
)		1 🗆 M 2 💢 F	83 YRS. MONT	THS DAYS NOL	JRS MIN. 7. DA'	TE OF BIRTH onth, Day's Year) 8c. CO	8. BIRTHPL Country)	MD ,			
ECTOR	400 OLD MORGNER ROAD CHESTERTOWN KENT										
DIR	10a. STATE 10b. COUNTY		WN OR LOCATION			d. INSIDE CITY LIMITS? YES 2 NO					
FUNERAL	400 OLD MORGNEC ROAD APT 9 101. ZIP CODE 109. CITIZEN OF V										
BY	11. MARITAL STATUS 1 Never Married 2 Married 2 Married 3 Widowed 4 Olvorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If YES, GIVE WAR OR OATES 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—if yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No—if yes, specify Cuben, Mexican, Puerto Rican, etc.)							American Indian, /hita, atc.			
ETED.	15. DECEDENT'S EDUCA (Specify only highest grade of Elamentary/Seçondary (0-12)		Ilfe. Do NOT use reti	lone during most of red.)	working	16b. KIND OF BUSINESS/II					
COMPL	17. FATHER'S NAME (First, Middle, Last)	6		10.		PUBLIC st, Middle, Maiden Surname		UCLS			
BEC		BB TY		J		HUSON	MAL	LALIEY			
2	JANE T. RUS	SELL	Box 4	333 C		umber, City or Town, State, .	CA 9	5223			
	20a. METHOD OF DISPOSITION 1 Burlei 2 Cramation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cametery, crematory or City or Town, St. City of T										
	21. SIGNATURE OF FLYERAL SERVICE LICENSTEE 22. NAME AND ADDRESS OF MICHITY MARVIN WILLIAMS JR. CHESTERTOWN, MD 2-1620										
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, auch as cardiac or respiratory arrest, shock, or heert fallure. Liet only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Superior of the disease, or complications that caused the deeth. Do not enter the mode of dying, auch as cardiac or respiratory arrest, and caused the deeth. Do not enter the mode of dying, auch as cardiac or respiratory arrest, and caused the deeth. Do not enter the mode of dying, auch as cardiac or respiratory arrest, and caused the deeth. Do not enter the mode of dying, auch as cardiac or respiratory arrest, and caused the deeth. Do not enter the mode of dying, auch as cardiac or respiratory arrest, and caused the deeth. Do not enter the mode of dying, auch as cardiac or respiratory arrest, and caused the deeth. Do not enter the mode of dying, auch as cardiac or respiratory arrest, and caused the deeth. Do not enter the mode of dying, auch as cardiac or respiratory arrest, and caused the deeth. Do not enter the mode of dying, auch as cardiac or respiratory arrest, and caused the deeth. Do not enter the mode of dying, auch as cardiac or respiratory arrest, and caused the deeth. Do not enter the mode of dying, auch as cardiac or respiratory arrest, and caused the deeth. Do not enter the mode of dying, auch as cardiac or respiratory arrest, and caused the deeth. Do not enter the mode of dying, auch as cardiac or respiratory arrest, and caused the deeth. Do not enter the mode of dying, auch as cardiac or respiratory arrest, and caused the deeth. Do not enter the mode of dying, auch as cardiac or respiratory arrest, and caused the deeth. Do not enter the mode of dying, auch as cardiac or respiratory arrest, and caused the deeth. Do not enter the mode of dying, and caused the deeth. Do not enter the mode of dying, and caused the deeth. Do not enter the discount arrest										
RTIFICATION	Sequentially list conditione, if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Diseese or Injury that initiated events recuiting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):			4	. 1-				
MEDICAL CE	PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part i. PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part i. PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part i. PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part i. PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part i. PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part i. PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part i. PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part i.							ERE AUTOPSY FINDINGS MILABLE PRIDR TO DMPLETION OF CAUSE F DEATH? YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpetiant 2 Reviouspetient 3 00A 4 Nursing Home 5 Revidence 8 0 Other (Specify)										
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	Nursing Home 5 28c. INJURY WORK? 1 YES		Other (Specify) 28d. OESCRIBE HOW INJURY OCCURED					
	3 Suicida 8 Could not be 4 Homicida datermined	28a. PLACE OF INJUR building, atc. (Sp	28s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify)			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and pieca, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(s) and manner as stated.										
BE	296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Mor										
2	30 NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	EATH ATEM 27) (Sine Drie								

CHESTERTOUN

MD.

6

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRARIS SIGNATURE
Juna Davidson

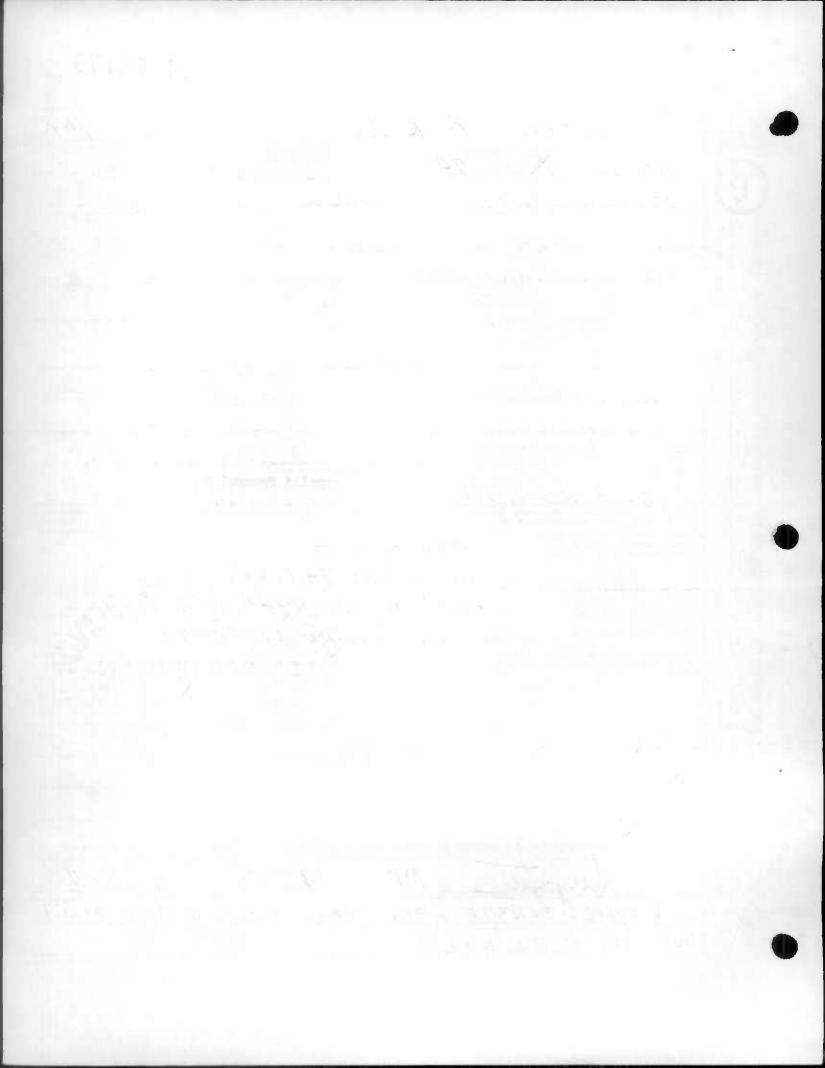
MICHAEL BIENGNFELD M.D.

12

1. OECEOENT'S NAME (First, Middle, Last)	100	TR +T	70 11	11			REG. NO 2. OATE OF DEATH MONTH D		3. TIME OF DEATH			
ELM	1ER	DIE	KIL	TN			11-1	2-91	7029			
4. SOCIAL SECURITY NUMBER	5. SEX	AGE (In yrs. lest bir	thday) IF UN MONTH	S DAYS	HOURS	24 HRS.	7. DATE OF BIRTN (Month Day Voor)		SIRTNPLACE (State or Foreign Country)			
215-16-4995 9e. FACILITY NAME (If not institution, give st		10	9b. C	TY, TOWN	OR LOCATI	ON OF DE	09 13 1	9c. COUNTY	OF DEATH			
RESIDENCE OF DECEDENT	Baltimore County Hospital				dal	Isto	own	Ba	ltimore			
10e. STATE 10b. COUNTY	Oc. CITY, TOW	CITY, TOWN OR LOCATION 10d. INSIDE CIT										
MD A1	Cumi	Cumber and 1 yes 2 No										
	O. STREET AND NUMBER						10g. CITIZEN OF WHAT CO					
11230 Bierman	11230 Bierman Prive Mexico Farms MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED					02	10 0010110 (0IV-V-	fee or No.— N. FACE — American Indian,				
1 Never Merried 2 Narried	FORCES? 1	FORCES? 1 TYES 2 NO IF YES, GIVE WAR ON DATES			13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexice			0 OF NO- 14.	Bleck, White, etc.			
3 Wildowed 4 Divorced					2 € NO XX	Specify	у:		Specify:			
15. DECEDENT'S EDUC (Specify only highest grade	15. DECEDENT'S EDUCATION 16a.				DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working							
Elementery/Secondery (0-12)	College (1-4 or 5+)	life. Do	NOT use retire	d.)	751 OF WOTE	'y						
12		r	etired	ired Carman CSY Corn								
17. FATHER'S NAME (First, Middle, Last)					18. MOT	NER'S NA	ME (First, Middle, Malden	Surname)				
Carl J. Bier	man					Sar	ah Johns Route Number, City or Tov					
19e. INFORMANT'S NAME (Type/Print)		19b. N	HAILING AODR	ESS (Street	and Numbe	r or Rural I	Route Number, City or Tov	vn, State, Zip Coo	(e)			
□ Space 2 □ Cremetion 3 □ Removal from State orner piace) □ □ Donetion 5 □ Other (Specify)												
1. SIGNATURE OF FUNERAL SERVICE LICENSEE Davis Memorial Center of FUNERAL SERVICE LICENSEE DAVIS Memorial Center of FUNERAL SERVICE LICENSEE												
Da 2 2	6	11.		Sca	rpel	li F	uneral Hon	ne				
23. PART I. Enter the diseecee, or o	complications that	A//	Do not an		-				Approximete			
shock, or heart fellure.	List only one caus	e on eech line.	i. Do not en	tot the m	rue or uy	ing, suc	n ae cardiac or resp	matory erreet	Intervel Betwee			
IMMEDIATE CAUSE (Final disease or condition		PALL	> IAA	0 1	IA				Onset end Deer			
resulting in death)												
	HEPATORENAL FAILURE											
Sequentially list conditione, if env, leading to immediate	equentially list conditione,											
couse. Enter UNDERLYING CARDID MYD VATHY-11513E5105							57051	5				
CAUSE (Disease or Injury thet initieted evente	DUE TO (OR AS A CONSEQUE										
thet initiated evente cesulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): CHRONIC OBSTRUCTIVE LUNG DISEASE d. CHRONIC OBSTRUCTIVE LUNG DISEASE												
PART II. Other significant condition	s contributing to d	leeth but not ree	ulting in the	underlylr	g ceuse	given in	Part I. 24s. WAS AF	AUTOPSY	24b. WERE AUTOPSY FINDING: AVAILABLE PRIOR TO			
							1 1 153	X NO	OF DEATN?			
									1 123 2 10			
	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one)											
		EXAMINER? 1 YES 2 NO 1 Nopetient 2 ER/Outpetient 3 DOA 4 Nursing Nome 5 Residence 8 Other (Specify)										
EXAMINER?		ER/Outpatient 3 🗆			ne 5 🗆 R		URY AT 28d. DESCRIBE HOW INJURY OCCURED					
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	1 Nopetient 2 -	NJURY 2	DOA 4	Nursing No. 28c. IN	JURY AT	www.ice	28d. DEŞCRIBE HOW	INJURY OCCUR	ED			
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Nnpatient 2	NJURY 2	DOA 4 🗆	28c. IN W			28d. DESCRIBE HOW	INJURY OCCUR	ED			
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be	28e. DATE OF I (Month, Day	NJURY 2	DOA 4	28c. IN W 1	JURY AT ORK? YES 2		281. LOCATION (Street	end Number or i				
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28e. DATE OF I (Month, Day	NJURY ; Year) 2 INJURY — At home	DOA 4	28c. IN W 1	JURY AT ORK? YES 2			end Number or i				
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined	28e. DATE OF I (Month, De) 28e. PLACE OF building, e	NJURY , Year) 2 INJURY — At home tc. (Specify)	DOA 4 28b. TIME OF INJURY 8	28c. IN W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	JURY AT ORK? YES 2 [NO	281. LOCATION (Street	end Number or i				
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Sulcide 8 Could not be determined 29e. CERTIFIER (Check only) 1 CERTIFYING PHYSI	28e. DATE OF I (Month, De) 28e. PLACE OF building, e	NJURY , Year) INJURY — At home ic. (Specify)	DOA 4 DEBB. TIME OF INJURY B	28c. IN W 1	JURY AT ORK? YES 2 [ce	NO	281. LOCATION (Street City or Town, State	end Number or i				
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Sulcide 8 Could not be determined 29e. CERTIFIER (Check only) 1 CERTIFYING PHYSI	28e. DATE OF I (Month, De) 28e. PLACE OF building, e	NJURY , Year) INJURY — At home ic. (Specify)	DOA 4 DEBB. TIME OF INJURY B	28c. IN W 1	JURY AT ORK? YES 2 [ce e end plecedenth occurrence.	NO	28f. LOCATION (Street City or Town, State to the ceuse(e) and me time, date and place, a	end Number or i	Rural Route Number,			

DEFESTRE NOV 1 4 1991 32. REGISTRAR'S SIGNATURE

3100 TIMANUS LA SUITE 110



	1 - STATE REGISTRAR	STATE OF MARYLAN		TMENT OF CATE OF		MENTAL HYGIE		32180			
0.00000	1. DECEDENT'S NAME (First, Middle, Last) MYRA HENRIETTA I		DAY 2 199	3. TIME OF DEATH 1 18:35 PM							
1	4. SOCIAL SECURITY NUMBER 220-26-9852 98. FACILITY NAME (If not institution, give sti	1 □ M 2 💢 79		IF UNDER 1 YEAR MONTHS DAYS 9b. CITY, TOWN	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF DI	7. DATE OF BIRTH (Month, Day, Year)	912	BIRTHPLACE (State or Foreign Country)			
DIRECTOR	SACRED HEART HOSPITAL CUMBERLAND, MARYLAND ALLEGANY										
DIRE	10e. STATE 10b. COUNTY 10e. STREET AND NUMBER	e ral		dgeely,			10d. INSI LIMI 1 — YES				
FUNERAL	Route 1 Box 30	12. WAS DECEDENT EVER IN U.	C ADMICO		26753	NIC ODIOINO (CIII	10g. CITIZEN OF WHAT C				
ВУ	1 Never Merried 2 Married 3 N Widowed 4 Divorced	FORCES? 1 YES	If yes, s	pecify Cuben, Mexica S 2 N NO Specif	NIC ORIGIN? (Specify Yen, Puerto Rican, atc.) y:	14. RACE — American Indien, Black, White, etc. Specify:					
LETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementery/Secondary (0-12)	College (1-4 or 5+)	Give kind of we life. Do NOT use	ork done during m	ON ost of working	18b. KIND OF B	D OF BUSINESS/INDUSTRY				
COMPL	17. FATHER'S NAME (First, Middle, Last)		own home st, Middle, Meiden Sumame)								
TO BE	Henry Snyder 19a. INFORMANT'S NAME (Typerrint) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
	Mrs Carolyn Flanagan 20e, METHOD OF DISPOSITION 10, Burlel 2 Cremetion 3 Removal from State 4 Donastion 5 Other (Specify) 20b, PLACE AND DATE Of DISPOSITION (Name of Cemetary, crematory or other place)										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Davis Memorial Comberland, MD Scarpelli Funeral Home										
	23. PART I. Ente/ the diseases, procahock, prheart failure. LIMMEDIATE CAUSE (Final disease or condition resulting in death)	Jak Drily one cause on each	oma	of enter the me	the L	Lung	piratory arres	Approximate Interval Between Onaet and Death			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE DF):										
CAL	PART II. Other aignificant conditions	contributing to death but of	PERFO	PERFORMED? 1 YES 2 NO COMMON OF DITTORNOON							
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:										
	1 Yes 2 No 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME DF INJURY WORK? 28d. DESCRIBE HOW INJURY OCCURED INJURY										
TED BY	2 Accident Investigation 3 Suicide 8 Could not be datermined 28e. PLACE OF INJURY — At home, ferm, atreet, factory, office 4 Homicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)										
COMPLET		IAN: To the best of my knowledg						euse(s) end menner as stated.			
TO BE C	Paul J. C	Twencool	mo		DA3	19ER 1774	29d. DATE SI	IGNED (Month, Day, Year) 1 - / 3 - 9/			
	DR. PAUL LIVENGOO	J- o. sealt			VE, CUMB	ERLAND, M	21502				
	31. DAT N (BO) MOIN, 301. 1991	1 32. REGISTRAR'S SIGNATUR	Less.								

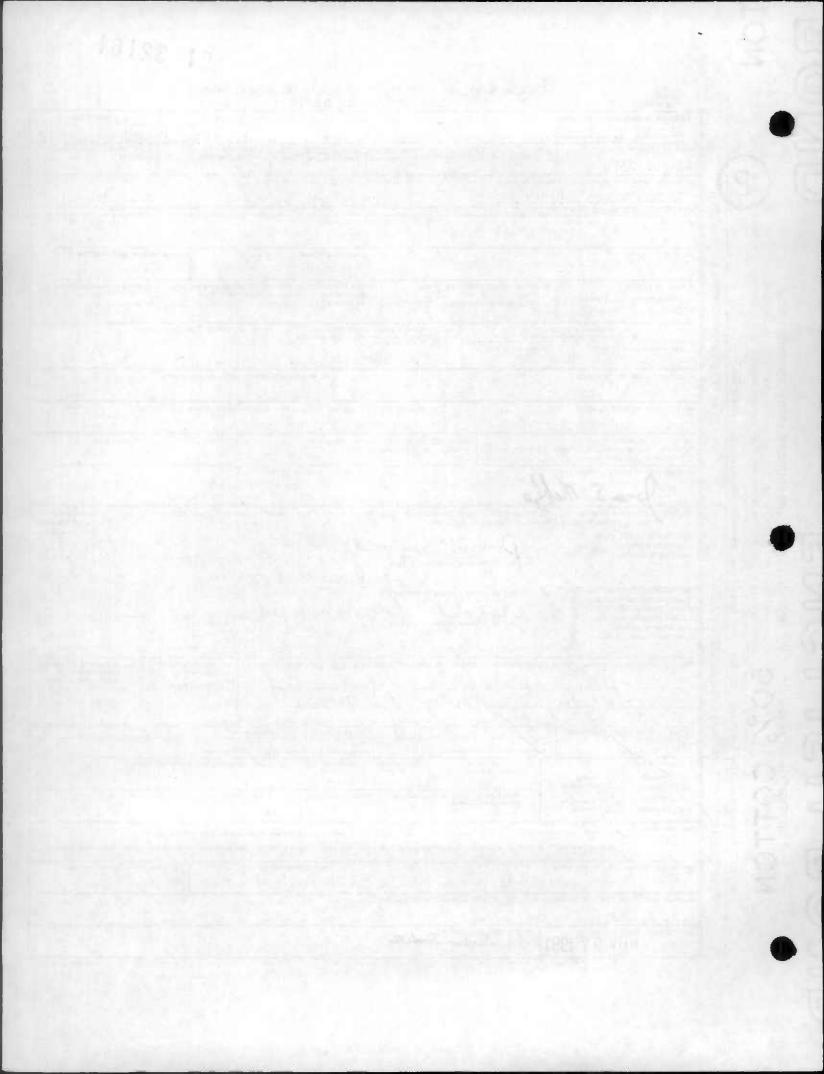
DR. SIKANDER SANDHIR,
31. DATE FILEO (Month, Day, Year)
NOV 0 7 1991

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTION. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defached for use as the burial-transit permit.	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to Durlal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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						91	32	5/01		
	FOR STATE REGISTRAR	STATE OF MARYL			HEALTH AND	MENTAL HYGIENI REG. NO.				
	1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	v v	3. TIME OF DEATH		
	JENNIE M. BEEMAN					11 03	199	1 20.42 p M		
	4. SOCIAL SECURITY NUMBER 214 07 3578		80 YRS.	MONTHS DAY		June 23,		BIRTHPLACE (State or Foreign Country) Md		
	9a. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY, TOW	N OR LOCATION OF C		9c. COUNTY	P 11 401		
ĕ	SACRED HEART HOS	PITAL		CUMBE	RLAND, MA	RYLAND	AL	LEGANY		
DIRECTOR	10s. STATE 10b. COUNTY			Y, TOWN OR LO				10d. INSIDE CITY LIMITS?		
		egany		Lonaco				1 YES 2 NO		
FUNERAL	26 Island St.				21539		USA	N OF WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 ☐ Never Merried 2 ☐ Merried 3 🌠 Widowed 4 ☐ Divorced	12. WAS DECEDENT EVER IN FORCES? 1 ☐ YES IF YES, GIVE WAR OR DA	2 XNO	If yes,	Specify Cuben, Mexic ES 2 NO Spec	ANIC ORIGIN? (Specify Yes an, Puerto Rican, etc.) ify:	or No— 14	Bleck, White, etc.		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)		work done during se retired.)	most of working	18b. KIND OF BUS		TRY		
MPI	8	0	Cel. 1	Fibers	Corp.		tile			
	17. FATHER'S NAME (First, Middle, Last) John Mc Cormi	ck			Sarah	AME (First, Middle, Malden	_{Sumame)} entrv	7		
BE	190. INFORMANT'S NAME (Type/Print)	CK	19b. MAILING	ADDRESS (Stre		I Route Number, City or Town				
2	Mr. Alexander	Mc Cormick	30 Is	sland	St, Lona	coning, Md	. 215	39		
	20s. METHOO OF DISPOSITION 1 Burlel 2 Cremetion 3 Remote 4 Donation 5 Other (Specify)	oval from Stale	cemetary cremator	v or other place)	on (Name tery 11		20.00	y or Town, Stata		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		Eic	hhorn-M		unera			
	23. PART . Enter the diseases, or cahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Poly	d the desth. Do ach line.	not enter the	mods of dylng, su			Approximsta Interval Between Onset and Death Seven		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST Enter UNDERLYING COURT CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL C	PART II. Other aignificant condition and the condi	Soph Cerm the life HOSPITAL:	try-	Receni Atele	torsy Lead of Death (C	PERFOR	RMEO?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
ΤΥS	1 YES 2 NO	1 Inpatient 2 ER/Ouis 28e. DATE OF INJURY	petient 3 DOA		injury at	8 Other (Specify)	NJURY OCCU	REO		
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		JURY	WORK? YES 2 NO	200. DEGORIBE NOW I	NONT OCCO	neo -		
	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	/ — At home, ferm,	atreet, factory, o	iffice	281. LOCATION (Street a City or Town, State)		Rural Route Number,		
COMPLETED	anal anal	ICIAN: To the bast of my know						I. cause(s) end manner as stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	· SCfo	mellin	P.M.	29C, LICENSE N	UMBER 64	29d. OATE S	SIGNED (Month, Day, Year)		
5	30. NAME AND AODRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Typ	e, Print)						

R, M.D., 48 TARN TERRACE, FROSTB URG, MD 21532
32. REGISTRABIS SIGNATURE

JENNA DAVIDSON FROMBER



DIV	DIVISION OF VITAL RECORDS, P.O. BOX 13146,	/ITAL	REC.	ORDS	, P.O	. BO)	(13146		B	ALTIN	IORE,	MAR	LAND	212(BALTIMORE, MARYLAND 21203-3146
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within any works after death. Page 6 may be retained by the hospital or attending physic	ATTENDING PHYSICI	AN: The	aw require	s that the	death ce	rtificate b	e executed w	thin 2	ours after	death. Pag	je 6 may	be retained	by the hos	spital or a	ttending physi
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	CTOR: After this cert after death with the	ificate ha	s been sig	ined by that	e attendir fental Hy	ig physici	an and comp	etely fillec	I in by the	funeral d	rector, par	je 5 should	be detach	ed for us	e as the buria
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	28 is marked, o	r item 2	23 shows	any in	ury, or	other tra	umatic eve	nt, the	nedical	examine	must b	e notified	at once.		

1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	REGISTRAN				ICATE	DEAIII	HEG. NO	<i>l</i> .	
	1. DECEOENT'S NAME (First, Middle, Last)	BRAME	P LYBRAN BLE	D BRA	AMBLE, S	SR.	2. OATE OF OEATH	79 91 Y	3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER 220-10-6766	5. SEX 1 2 M 2 F	8. AGE (in yrs. la	st birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. OATE OF BIRTH (Month, Day, Year) 06/20/19:	(BIRTHPLACE (State or Foreign Country) ENNSYLVANIA
	9a. FACILITY NAME (If not institution, give s	street and number)	1.75		9b. CITY, TOWN	OR LOCATION OF O		9c. COUNTY	
DIRECTOR	DORCHESTER GENERAL RESIDENCE OF DECEMENT	L HOSPIT	CAL		CA	MBRIDGE		DORCH	ESTER
3EC	10a. STATE 10b. COUNT	Υ			Y, TOWN OR LOC				10d. INSIDE CITY LIMITS?
	MARYLAND DOF	CHESTER		BI	SHOPS H	EAD			1 YES 2 X NO
FUNERAL	10e. STREET AND NUMBER					Of. ZIP COOE			OF WHAT COUNTRY?
Ä	1928 WINGATE-BISH					2167			U.S.A.
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Olvorced	FORCES?	NT EVER IN U.S. AI 1 (X) YES 2 () WAR OR DATES VAR II	RMED NO	If yea,		NIC ORIGIN? (Specify Ye an, Puerto Rican, etc.) fy:		RACE — American Indian, Black, White, etc. Specity: HITE/CAUC.
ED	15. OECEOENT'S EOU (Specify only highest grade		18a. O	ECEOENT'S	USUAL OCCUPA work done during i	TION	18b. KIND OF BU	ISINESS/INDUST	TRY
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+)	e. Do NOT u	CARPEN		SELF-	-EMPLOY	ED
MO	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA	AME (First, Middle, Maider	n Sumame)	
EC	LYBRAND MONROE BE	RAMBLE				ZULA I	RUARK		
00	19e. INFORMANT'S NAME (Type/Print)		19	9b. MAILING	AODRESS (Stree	t and Number or Rural	Route Number, City or Tox	wn, State, Zip Coo	^{de)} 21672
10	MRS. J. LOUISE BRA	AMBLE (SE	POUSE)	1928	WINGATE	-BISHOPS	HEAD ROAD	, BISHO	PS ² HEAD, MD.
	20a. METHOO OF DISPOSITION 1X Burlal 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE	OF OISPO	SITION (Name of a	OF EAST	20c. L	OCATION City	
	21. SIGNATURE OF FUNERAL SURVICE LI	L au B	Longer	000		RAN FUNE			
	journer more	201-10	TOTHU	cer			REET, CAMB		
	23. PATT Enter the dispesse, pr shock, pr heart fellure. IMMEDIATE CAUSE (Final disease pr condition resulting in death)	RUPT!		0.			TEURYSM	Piratory errest	Approximate Intervel Between Onset and Death
7		A .	O (OR AS A CONSE			THEROSCI	EROSIS		Years
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO	O (OR AS A CONSE	EOUENCE O	F):				
ERTI	reaulting in death) LAST	d							
	PART il. Other eignificent condition	ne contributing to	D deeth but not	resulting	in the underly	ing cause given in			24b. WERE AUTOPSY FINDINGS
MEDICAL							1 TYES	PRMEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
AN	25. WAS CASE REFERRED TO MEDICAL				20	SI AGE OF DEATH O	t		
ICI	EXAMINER?	HOSPITAL:	Hans		OTHER:	PLACE OF DEATH (C			
PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending	28a. OATE O	ER/Outpatient F INJURY Day, Year)	28b. TIA	AE OF 28c.	NJURY AT WORK?	8 Other (Specify) 28d. OESCRIBE HOW	INJURY OCCUR	EO
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE building	OF INJURY — At h	ome, farm,			281, LOCATION (Stree City or Town, State	t and Number or : e)	Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN								ause(a) and menner as stated.
BE CO	296. BIOMATURE AND TITLE OF CERTIFIE		1			29c. LICENSE NU			GNED (Moren, Day March
0	30. NAME AND ADDRESS OF PERSON WY	HO COMPLETED CH	USE OF DEATH (IT	EM 17) (1)pi	10/-	urove S	7 Camb	r.de.	Md 21613
	31. OATE FILEO (Magth, Pay, Year)	32, REGISTE	RAR'S SIGNATURE	son-R	indell.			riaje,	

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO MYRTLE DAISY BLINER 1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DIEnez YEAR Myrtle 9 //11 99 919/ Myrtle Bitner 9 7. DATE OF BIRTH (Month, Day, Year) 07/26/1908 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR | IF UNDER 24 HRS. MARYLAND Pinous: 1 M 2 X F 167-20-3596 YRS. 83 9a. FACILITY NAME (if not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR CAMBRIDGE DORCHESTER DORCHESTER GENERAL HOSPITAL RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION Pages 10h COUNTY 10e. STATE 10d. INSIDE CITY MARYLAND DORCHESTER SECRETARY 1 YES 2 NO permit. 10e. STREET AND NUMBER FUNERAL 100. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE U.S.A. burial-transit 135 SOUTH STREET 21664 Page 6 may be retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yes, specify Cuban, Mexican, Puerto Rican, etc.)
1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE - American Indian, Black, White, etc. 1 Never Merried 2 X Married Specify BY 3 Widowed 4 Divorced use as the WHITE/CAUC. ED 15. DECEDENT'S EDUCATION ton. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only higher t of working (Give kind of work done life. Do NOT use retired.) COMPLET Elementary/Secondary (0-12) be detached for College (1-4 or 5+) 8th HOUSEWIFE HOMEMAKER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BERNICE PARKS at ELLA JONES BE page 5 should notified 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. INFORMANT'S NAME (Type/Print) 2 LEWIS W. BITNER (SPOUSE) 135 SOUTH STREET, SECRETARY, MD. 21664 be 20a. METHOD OF DISPOSITION

1X Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name CEMET . 1 1 1 2 20c. LOCATION — City or Town, State of cemetary, crematory or other place) must funeral director, D. VETERANSOFEASTERNSHORE 1991 HURLOCK, Donetion 5 Other (Specify) MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSES examiner 22. NAME AND ADDRESS OF FACILITY CURRAN FUNERAL HOME 308 HIGH STREET, CAMBRIDGE, MD. 21613 ysician and completely filled in by the prior to burial, cremation, or removal. medicai 23. PARTY Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or haart fallure. List only one cause on each line. Interval Between Onset end Deeth Infarction IMMEDIATE CAUSE (Finel Acute Anterior Wall the diseese or condition reaulting in death) event. DUE TO (OR AS A CONSEQUENCE OF): ASCVD traumatic CERTIFICATION Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE OF): if eny, leading to immediate signed by the attending physician Health and Mental Hygiene prior to ceuse. Enter UNDERLYING CAUSE (Diseese or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 10 Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINOINGS 24s. WAS AN AUTOPSY MEDICAL AVAIL ARLE PRIOR TO COMPLETION OF CAUSE OF DEATH? that shows any 1 YES 2 NO of Health requires Deg Sithutis Hypertension 1 YES 2 NO peen PHYSICIAN: this certificate has be with the State Dept. WE 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) The item OTHER: 1 YES 2 NO 1 Inpetiant 2 ER/Outpetient 3 DOA OR ATTENDING PHYSICIAN: 4 🗆 Nurs ng Home 5 🗆 Rasidanca 6 🗆 Other (Specify) 6 27. MANNER OF DEATH 26a. DATE OF INJURY 28b, TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending 1 YES 2 NO BY After 1 death 2 Accident Investigation 26e. PLACE OF INJURY — At home, farm, street, fectory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) FUNERAL DIRECTOR: Att within 72 hours after de: TTANT: If item 28 is n 3 Sulcide 6 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. HOSPITAL 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. IMPORTANT: 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNEO (Month, Day, Year) THE F BE 214349 Carmean 9 2 2 3 2 38. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. HEGISTRAP'S SIGNATURE PONDELL

31. DATE FILED (Month, Day, 1987) NOV 12 9

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COM
medical	
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IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical ex	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
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1. DECEOENT'S NAME (First, Middle, Lest))			CATE OF		2. DATE	REG. NO			3. TIME OF DEATH
JAMES Harrison	n BENN	NER				MONT	H D		YEAR	19:35
4. SOCIAL SECURITY NUMBER	5. SEX 6	B. AGE (In yrs. last b	oirthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE	OF DISTU		991	PLACE (State or Foreign
577 03 4734	1 M 2 🗆 F	83	YRS.	ONTHS DAYS	HOURS MIN.	May	h, Day, Year)	908	M1C	higan
9a. FACILITY NAME (If not institution, give CALVERT MEMORIAL			9		E FREDER		MD		NTY OF D	ЕАТН
RESIDENCE OF DECEDENT 10a, STATE 10b, COUN										
Maryland Calv				town or locat	on ederic	5				10d. INSIDE CITY LIMITS?
10a. STREET AND NUMBER					. ZIP CODE			40 - OIT	7511.05.11	1 YES 2X NO
6150 Sheridan					20678				USA	HAI COUNTRY?
1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 D IF YES, GIVE WAR	YES 2 NO		If yes, spe	ENDENT OF HISPA celfy Cuban, Maxie 2 NO Spec	an, Puarto	1? (Specify Yes Rican, etc.)	or No-	Black	- American Indian, Whita, atc. White
15. DECEDENT'S EDI (Specify only highest grad	UCATION le completed)	16a. DECE (Give	COENT'S US	SUAL OCCUPATION done during more retired.)	ON st of working	16b	. KIND OF BUS	INESS/ING	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+) 5+			_{Brokei}		Tr	ısuraı	100		
17. FATHER'S NAME (First, Middle, Last)			/_		18. MOTHER'S N					
Harrison A. Be	enner				Amy Ka	arr				
19a. INFORMANT'S NAME (Type/Print)		19b. A	MAILING A	DORESS (Street a	an Pt.	Route Numi	ber, City or Town	, State, Zip	Code)	
Gertrude S. Be	enner	61	50 S	herida	an Pt.	Rd.	ring	evia	edei	20678
20a. METHOD OF DISPOSITION 1 Denial 2 Cremation 3 Ren	novel from State	20b. PLACE AND	DDATEOF	DISPOSITION (Na.	me of	1/47		CATION —		
4 Donation 5 Other (Specify)	HOVER FORM STATE	Waters	Mei	n. UMC	Cemete	rv	3	T		, Calve
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE			22. NAME AN	O ADDRESS OF F	ACILITY	- D.L.a	TIEO	пат	ı Maraıa
· DPa	Loon			4405	Broome	Ra es Is	ausch s. Rd	· Po	era. rt H	L ноте Republic
shock, or hasrt failura.	List only one cause				da of dying, su					
immediate Cause (Final disease or condition resulting in death)	a. Pro	LUMANUR AS A CONSEQUE								
disease or condition	b	umone	ENCE OF):							
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST	b	R AS A CONSEQUE	ENCE OF):	the underlying			24e. WAS AN	AUTOPSY	24h	Onset and Da
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST	b DUE TO (OI c OUE TO (OI d	R AS A CONSEQUE	ENCE OF): ENCE OF):				24a. WAS AN. PERFOR	MED?	-	Onset and Da
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other significant condition PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 29 Accident 3 Suicida 6 Could not be datarmined	DUE TO (OI c. OUE TO (OI d	R AS A CONSEQUE R AS A CONSEQU	ENCE OF): ENCE OF): Ulting in Wall DOA 4 8b. TIME C INJUR , farm, stre	28. PL THER: Nursing Home PF 28c. INJV M 1	ACE OF DEATH (C) 5	Part i. 6 Others 28d. OES 28f. LOC. City o	PERFOR 1 YES 2 e) r (Specify) CCRIBE HOW IN ATION (Street a per Town, State)	MED? NO NO NO NO NUMBER Number	OURED or Rural Ro	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST PART II. Other significant condition PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicida 6 Could not be datarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	b. DUE TO (OI c. OUE TO (OI d	R AS A CONSEQUE R AS A	ENCE OF): ENCE OF): Ulting in DOA 4 28b. TIME C INJUR , farm, stre	28. PL THER: Nursing Home OF AND	ACE OF DEATH (C) 5	Part I. Deck only on 6 Other 28d. OES 28f. LOC; City of the cause time, data	PERFOR 1 YES 2 e) r (Specify) CCRIBE HOW IN ATION (Street a per Town, State)	MED? NO JURY OCC Ind Number There as stated due to the	or Rural Ruel acause(a)	WERE AUTOPSY FINDINAMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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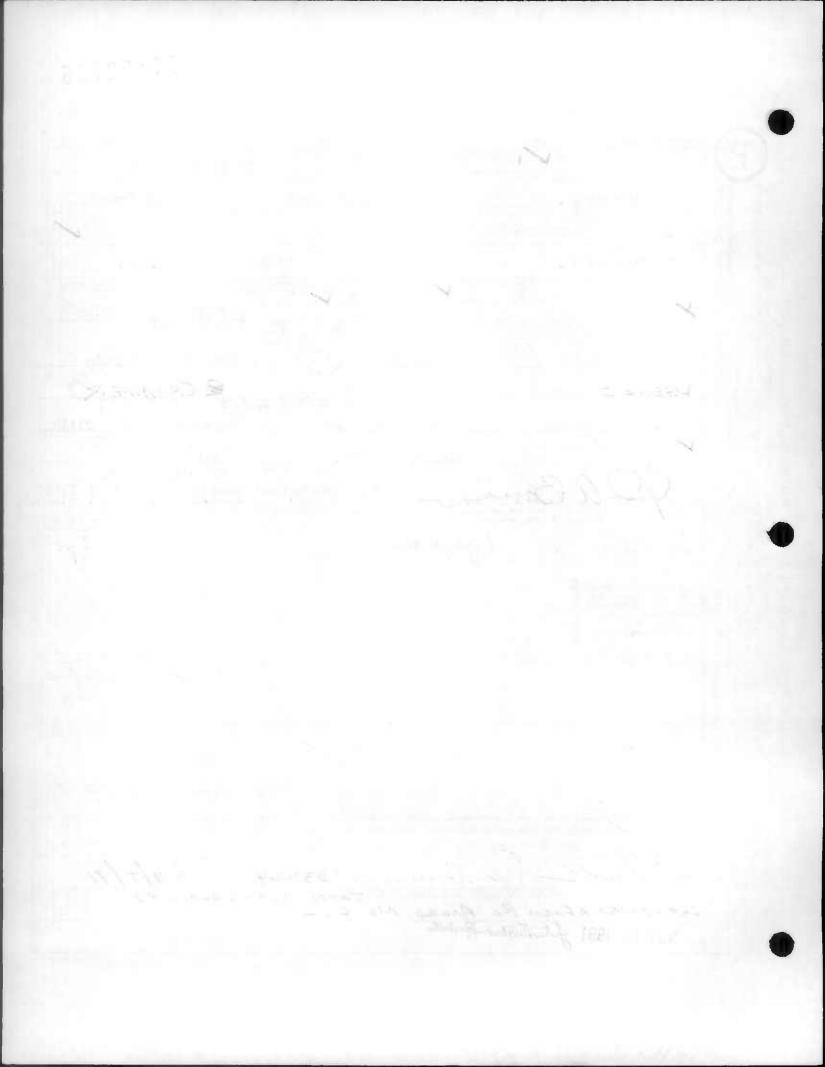
IMPORTANT. If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - FOR STATE REGISTRAR	STATE OF M.	ARYLAND	/ DEPAR	TMENT	OF H	EALTH AND DEATH	MENT	AL HYGIENE REG. NO.			.00	
	1. DECEDENT'S NAME (First, Middle, Last)							2. DAT	E OF OEATH			3. TIME OF DEATH	
	Perry	Gray		Bowe	en	S	r.	7 O N		6,	Ĭ9g	1 1629	м
1	4. SOCIAL SECURITY NUMBER 215 34 3121 A	1 M 2 F	6. AGE (In yrs. 1	lest birthday) YRS.	IF UNDER MONTHS	1 YEAR DAY8	IF UNDER 24 HRS. HOURS MIN.	(Moi	E OF BIRTH oth, Day, Year) 11 29,	1896	Countr	PLACE (State or Foreign y) yland	7
TOR	9a. FACILITY NAME (If not institution, give some calvert Memori RESIDENCE OF DECEDENT		ital				e Frede	EATH		9c. COUR	lve	EATH	
DIRECTO	10a. STATE 10b. COUNT Maryland Calve				y, town o		on erick					10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
FUNERAL	10e. STREET AND NUMBER					101	ZIP CODE			10g. CITI	ZEN OF W	HAT COUNTRY?	
NE	5950 Sheridan Po						20678			US	SA		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 S IF YES, GIVE WA	YES 2 PROPERTY OF THE PROPERTY	ARMED NO		If yes, spe	ENDENT OF HISPA Holly Cuban, Mexico 2 NO Specia	an, Puarto	IN? (Specify Yea Rican, etc.)	or No-	Bleck	- American indien, White, atc.	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondary (0-12)	College (1-4 or 5 +)		DECEDENT'S (Give kind of vite. Do NOT us	work done	CCUPATIO	N st of working	16	b. KIND OF BUSI	NESS/IND	USTRY		
M		1	i	nsura	nce				insurar				
	17. FATHER'S NAME (First, Middle, Last) Silas W. Bowen						18. MOTHER'S NA			lumeme)			
H H	190. INFORMANT'S NAME (Type/Print)			105 14411 (100	100050	/01			nnett				
2	Melba H. Bowen			Sa	ame a	as #:							
	1 ABurial 2 Cremation 3 Rem 4 Donetion 5 Other (Specify)	ioval from Stata		EAND DATE OF			ne o/ 1 1	19/9		ATION - C		wn state erick Mary	1 2
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE			-	-4	D ADDRESS OF FA	CHITY					La
	> 2 Draws	sch			44	105 F	Broomes		Rausch F			dome .ic Maryla	nd
CERTIFICATION	disease or condition resulting in death) Dut TD (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST Dut TD (OR AS A CONSEQUENCE OF): C												
PHISICIAIN: MEDICAL C	PART II. Other significant condition	s contributing to d	eath but not	resulting i	n the un	derlying	cause givan in	Part I.	24a. WAS AN A PERFORM	ED?		WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO	6
200	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 DOA	OTHER 4 Num	:	ACE OF OEATH (Ch						
Thy 10	27. MANNEP-OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF IN (Month, Oay.	JURY	28b. TIMI	EDF	28c. INJU WOF	IRY AT		SCRIBE HOW IN.	JURY OCC	URED		
	3 Suicide 8 Could not be determined	28e. PLACE OF I	INJURY — At h c. (Specify)	oma, ferm, a	treet, fect	ory, offica		281. LO	CATION (Street and or Town, State)	d Number	or Rural Ro	oute Number,	
COMPLEIED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE	CIAN: To the best of m	y knowledge, d	leath occurre	d at the ti	me, data i	and pleca, end dua	to the ca	ruse(s) and mann a and place, end	er as atate	id. ceuse(s)	and manner se stated	
O DE C	296 SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	- h	ar da	M	Defeat		DIT	WBER		29d. DATE	SIGNED	(Month, Oay, Year)	
	Dr. Kioumarce	Yazdani	. /		Pri	nce	Frede	ric	k				
	NOV - 8 199	11 Julia D	avidson-	Pandell	2								

THE R. P. LEWIS CO. LANSING.

		REGISTRAR	. foot		CE	RHIF	CAIE	OF	DEAIR	1.0	REG. NO	١,	La	THE OF SELTIN
		1. DECEDENT'S NAME (First, Middle Theodore	L.			Bea	acham					/91	YEAR 3.	TIME OF DEATH
(P)	4. SOCIAL SECURITY NUMBER	5. SE	M 2 F 6.	AGE (In yrs. last		IF UNDER 1	DAYS	IF UNDER 24 H HOURS MI	IN. (A	TE OF BIRTH fonth, Day, Year) 09/20/0		Country)	ACE (State or Foreign
7. 04	1	9e. FACILITY NAME (If not institution	n, give street end	d number)			9b. CITY,	TOWN O	R LOCATION C		03/20/0	9c. COUNT	_ CH.::P*	Н
2, 3 · · · · · · · · · · · · · · · · · ·	CTOR	712 Cypress	Rd.						na Parl	k		Anr	ne Ar	undel
Pages	DIRE	MD 106. STATE 10b.	Anne A	Arundel	Ш		r, town or evern							d. INSIDE CITY LIMITS? YES 2 NO
sit permit.	FUNERAL	100. STREET AND NUMBER 712 Cypress	Rd.		THE			101.	ZIP CODE	21146			S.A.	T COUNTRY?
AND 21203-3146 the hospital or attending physician, detached for use as the burial-transit once.	BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merrie 3 Wildowed 4 Divorced	ed FC	AS DECEDENT E DRCES? 1 TYPES, GIVE WAR	YES 2 N		lf.	yes, spe	ENDENT OF HI	exicen, Pue	IGIN? (Specify Yearto Rican, etc.)	s or No— 1	Bleck, W Specify:	American Indien, nite, etc. White
21203-3146 tal or attending phys for use as the buris	ETED	15. DECEDEN (Specify only higher Elementary/Secondery (0-12)	1	ted)	(Gi	CEDENT'S we kind of w Do NOT us	vork done di	CUPATIO	ON st of working	16	16b. KIND OF BU	ISINESS/INDU		
D Spita	AP.L				1	Manag	er				Steam	ship 1	ermi	nal
MARYLAND e retained by the hospit 5 should be detached notified at once.	COMPL	17. FATHER'S NAME (First, Middle,	Lest)						16. MOTHER	'S NAME (F	rst, Middle, Malder	-		
4 5 6 E	111	LORENZO		n					Lau		题	CRE		ER
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FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
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	REGISTRAR	CERTIFI	CATE OF	DEATH	REG. I	NO.		-100)
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH			3. TIME OF DEAT	ГН
	Elizabeth Frances	Brunkh	orst		10	28	97	3:30	Рм
		AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. OATE OF BIRTH	T		PLACE (State or Fo	- Ula
	140-03-8435 1□M2⊠F	9 2 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year,		Countr	y)	n orgin
1	9e. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN	OR LOCATION OF D			NTY OF D	York	
H	Memorial Hospital			ston			la1b		
DIRECTOR	RESIDENCE OF DECEDENT		110	SCOII		1	lalb	30	
H	10e. STATE 10b. COUNTY	10c. CITY,	TOWN OR LOCA	ION				10d. INSIDE CITY	,
	Maryland Caroline			Dente	on			LIMITS?	NO
AL	10e. STREET AND NUMBER		10	. ZIP CODE		10g. CITI	ZEN OF W	HAT COUNTRY?	
E	303 Carter Avenue			21629	9	П.	S.A		
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EV	VER IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify	Yae or No-		- American India	en.
ВУР	1 Never Merried 2 Married FORCES? 1 IF YES, GIVE WAR		If yee, ap	2 X NO Specif	en, Puerto Rican, etc.)		Specia	, White, etc.	
	3 Widowed 4 Divorced			22110	,.			casian	
E	15. DECEOENT'S EDUCATION (Specify only highest grade completed)	18a. DECEDENT'S U	SUAL OCCUPATION	ON st of working	18b. KINO OF	BUSINESS/INC			
9	Elementary/Secondery (0-12) College (1-4 or 5+)	life. Do NOT use	ork done during mo retired.)	st or working					
A P	9 yrs. None	H	omemak	er	_ H	ome			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle, Maid	len Sumame)			
BE (Paul A. Walter			Ade	laide V	Vient	jes		
TOE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	AOORESS (Street e	nd Number or Rural	Route Number, City or	Town, Stete, Zip	Code)		
F	Richard A. Brunkhorst				, Easto			601	
	20e. METHOD OF DISPOSITION	20h BLACE AND DAYE OF	DIODOGITION			LOCATION —			-
	1 X Buriel 2 Cremation 3 Removal from Stata 4 Donetion 5 Other (Specify)	cemetery, crematory or oth MD Easter	er place) ans	Cemete	77 46				-
	21. SIGNATURE OF FUNDINAL SERVIDE LICENSEE	no Easter	22. NAME AF	D AODRESS OF FA	CILITY -	Renla	The same	Maryla	nd_
	6/1- 6/V. Mo	ore	Mosr	e Funei	al Home	16/2	Ala	1/1/	
	effects.	0	braw		enton;	Marv1	and	91696	7
	23. PART I. Entar the disesses, or complications that ca ahock, or haart failura. List only one cause IMMEDIATE CAUSE (Final	on aach lime.	ot enter tha mo	da of dying, auc	h as cardiac or re	apiratory arr	ast,	Approxima Interval Ba Onaat and	atwean
	disease or condition reaulting in death)	ala H	2051	, 2				1 2)
	DUE TO (OR	AS A CONSEQUENCE OF)	117	Ja	1		14	1	4
Z	Sequentially list conditions, b. 4/1550mm	inoled	Vfa	Navas co	la G	dy a	tah	1 you	17
CERTIFICATION	if any, leading to immediata	AS A CONSEQUENCE OF)				1			
<u>S</u> ∥	CAUSE (Disease or Injury								
E	that initiated evants DUE TO (OR	AS A CONSEQUENCE OF)							
11 11	resulting in death) LAST								
	PART II. Other aignificant conditions contributing to dea	Ab but a set of set of							
EDICAL	. Ottal agrinount conditions contributing to day	ith but not reaulting in	the underlying	cause givan in		AN AUTOPSY ORMED?	24b.	WERE AUTOPSY FILL AVAILABLE PRIOR	TO
ă					1 🗆 YES	2 🗌 NO		CDMPLETION DF C	AUSE
M								1 YES 2 N	10
중	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PL	ACE OF DEATH (Ch	eck only one)				
S	1 YES 2 NO HOSPITAL:		OTHER:	5 Reeldence	6 Other (Specify)				
PHYSICIAN:	27. MANNER OF DEATH 28a. DATE OF INJU	JRY 28b. TIME	OF 28c. INJ	JRY AT	28d. DESCRIBE HON	V INJURY OCC	UREO		
	1 Natural 5 Pending (Month, Day, Y	injul		RK? ES 2 NO					
BY	2 Accident Investigation 3 Suicide 8 Could not be 28e. PLACE OF IN.	JURY — At homa, ferm, str			28f. LOCATION (Stre	et and Number	or Rural D	nuta Mumbar	
ᇤ	4 Homicide 8 Could not be determined building, etc.	(Specify)	,,		City or Town, Sta	ife)	or nurer n	oute Number,	
	29e, CERTIFIER								
COMPLETED	(Check only CERTIFYING PHYSICIAN: To the best of my I								
٥ ا	2 MEDICAL EXAMINER: On the beels of exemi	nation end/or inventioning	in my-differion, d	eath occured at the	tima, date end placa,	end due to the	e ceuse(a)	and menner as at	ated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	H-	/_/4	29c. LICENSE NUM	ABER	29d. DATE	SIGNED	(Month, Day, Year)	
8	7 Inter	A les	MA)		1	101	20/91	/
임	30. NAM. AND ADDRESS OF PERSON WHO COMPLETED CAUSE O	F OEATH (ITEM 27) (Type, P	Print			-	- 1	- (//	
	31. OATE FILEO (Month, Day, Year) 22. REGISTRAR'S	SIGNATURE							
	NOV 1 '91 Fish Davids	SIGNATURE ON-Randell							

FOR

	REGISTRAR		CE	HILL	ICATE OF	- DEATH		REG. NO.				
13	1. DECEDENT'S NAME (First, Middle, Last)						2. OATE C				IME OF DEAT	'H
	Kermit Err	nest Bone	y, Jr.				MONTH 11	3	91	EAR	8:00	Д м
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	t birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O	FBIRTH	6.	BIRTHPLAC	CE (State or Fo	
	221-26-2544	M 2 F	55	YRS.	MONTHS DAYS	HOURS MIN.		Day, Year)		Country)	Caroli	-
	9a. FACILITY NAME (If not institution, give	street and number)		-	9b. CITY, TOWN	OR LOCATION OF E		9. 30	9c. COUNTY			IId
g	Rt. 1 Box 151				Maryo				C			
TOB	RESIDENCE OF DECEDENT			-	waryc	iei			Caro	line		
DIREC	10a. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN OR LOC	ATION	1227	17.5		10d	INSIDE CITY	
E I	MD Cai	rolinė		N	larydel					10	YES 2	NO
AL AL	10e. STREET AND NUMBER				_	Of. ZIP COOE			10g. CITIZEI	N OF WHAT	COUNTRY?	
EB	Rt. 1 Box 151					21649			US	Δ		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	T EVER IN U.S. ARI	MED		ECENDENT OF HISPA				. RACE - /	American Indi	en,
4	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE W	YES 2 N	10		specify Cuban, Maxic S 2 NO Spec		ean, atc.)		Specify.W		
В	3 Widowed 4 Divorced					*					nite	
	15. DECEDENT'S EDU (Specify only highest grad	JCATION e completed)	16s. DE	CEDENT'S	USUAL OCCUPAT	TION nost of working	16b.	KINO OF BUS	SINESS/INDUS	TRY		
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+	·) life.	Do NOT u	work done during rise retired.)							
Ē	11th		ta	anke	r pumpi	man	S	un Oi	I Com	•		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	AME (First, M	iddle, Maiden	Surname)			
BE (Kermit E. Boney	, Sr.				Isabel	Spear	man	Bone	v		
5	19s. INFORMANT'S NAME (Type/Print)		19t	b. MAILING	G ADDRESS (Street	t and Number or Rure						
Ĕ	Earl H. Dyson		4	107	Tillman	Ln Astor	. PA	19014				
	20 METHOD OF DISPOSITION 1 Burisl 2 Cremetion 3 Ren	nound from Chate	20b. PLACE	ANO OAT	E OF OISPOSITIO		OATE		CATION — CIT	y or Town,	State	
	4 Donation 5 Other (Specify)	noval from State	Grace	Law	y or other place)		11-8	New	Castl	0 · D	olawa	**
	21, SIGNATURE OF FUNERAL SERVICE L	CENSEE	.7		22. NAME	AND ADDRESS OF F	ACILITY				ela wai	-
	× 11 /	-the	1			e-Helfen						
	23. PART I. Enter the disesses, or				P.O.	Box 160	Green	sboro	MD	21630		
	shock, or heart failure.				not entar tha n	loda or dying, su	cn as cardi	sc or respi	ratory arras	τ,	Approxim interval B	
	IMMEDIATE CAUSE (Final											
	diament or condition	110	2000	1	ILAT	MADA	11111		Ancio	1	A Onset and	d Death
	disesse or condition resulting in death)	LET	REBRH	HL	HAE	MORR	HAGH	5 /	Acu	TE	AZU	Death [E
		DUE TO	REBRA (OR AS A CONSEC	DUENCE C	HAE PA	MORR	HAGE	5/	Acu	(E	AZV	Death 15
NO	resulting in death)	b			PF):	MORR	HAGI	5 /	Acu	Œ	AZU	Death TE
ATION	resulting in death) Sequantially list conditions, if any, leading to immediate	b	(OR AS A CONSEC		PF):	MORR	HAGI	5 /	Acu	TE	AZV	Death [E
ICATION	Sequantially list conditions, if any, laading to immediate csuse. Enter UNDERLYING CAUSE (Disease or Injury	b	(OR AS A CONSEC	OUENCE C	ን၅:	MORR	HAGI	5 /	Acu	TE	AZV	Death 1E
ITIFICATION	resulting in death) Sequantially list conditions, if any, leading to immediata csuse. Enter UNDERLYING	b		OUENCE C	ን၅:	MORR	HAGI	5/	Acu	(E	AZV	Death TE
SERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	(OR AS A CONSEC	OUENCE C	ን၅:	MORR	HAGI	5 /	Acu	(E	AZV	Death TE
L CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO c. OUE TO d.	(OR AS A CONSEC	DUENCE C)F): 		0	24s. WAS AN	AUTOPSY	24b. WEI	AZV RE AUTOPSY F	TE INDINGS
	Sequantially list conditions, if any, leading to immediate csuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO c. OUE TO d.	(OR AS A CONSEC	DUENCE C)F): 		0	24s. WAS AN PERFOR	AUTOPSY RMEO?	24b. WE	RE AUTOPSY F	TE INDINGS TO
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CLEERS THE MANNEY HAVE FROM

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

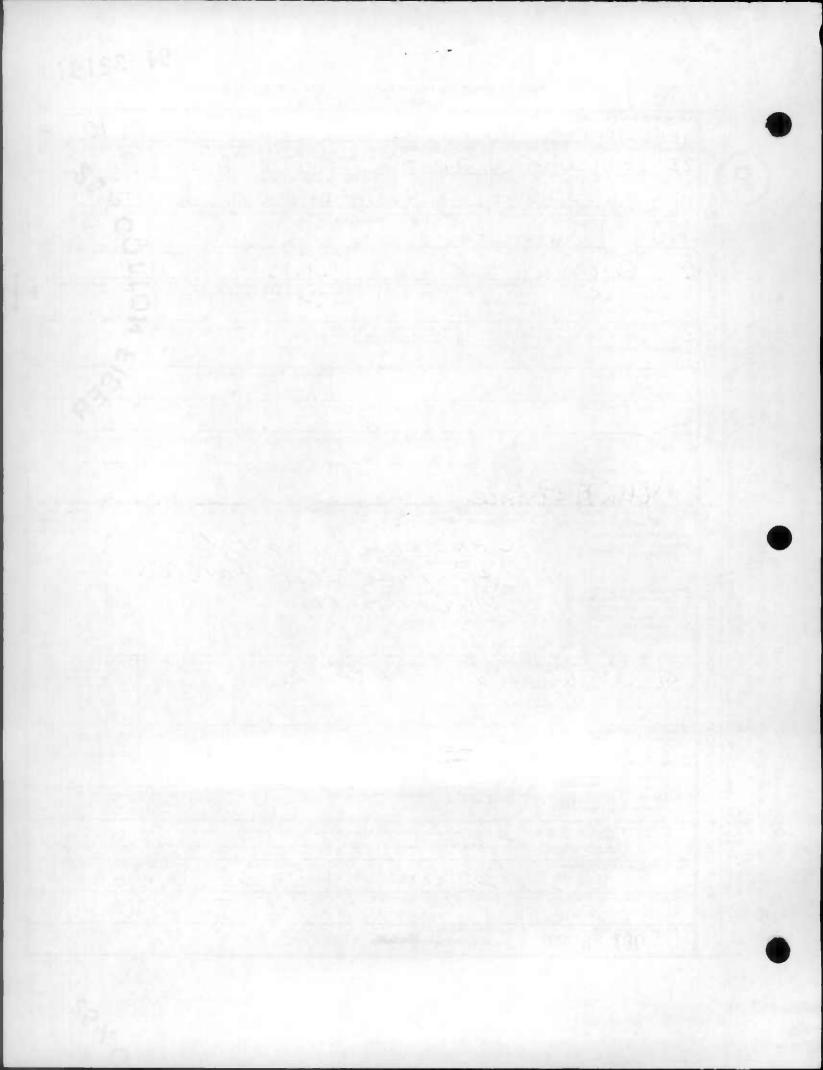
TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. OECEOENT'S NAME (First, Mine Harold Alf)		Bratcher							2. DATE OF DEATH OCTOBER 1.	Ž. 19	YEAR 91	3. TIME OF OEATH 10:37 AM M	
4. SOCIAL SECURITY NUMBER		5. SEX	S. AGE (In	yrs. last birthda	y) IF UND	ER 1 YEAR	IF UNDER	24 HRS.	7. OATE OF BIRTH	-, , ,		IPLACE (State or Foreign	
214-34-7939		1 M 2 F		54 YRS	MONTHS	DAYS	HOURS	MIN.	(Morith, Day, Year) 01-24-37		Country	y) cyland	
9a. FACILITY NAME (If not institu	ition, give str	eet and number)			9b. CI	TY, TOWN	OR LOCATI	ON OF D		9c. COU	NTY OF O	-	
Kent & Queen	Anne	's Hospi	tal I	nc.	C	Chestertown Kent							
	b. COUNTY			10c. C	ITY, TOWN	TOWN OR LOCATION					10d. INSIDE CITY		
md	K	CNJ			CHES	HESTERTOWN					1 YES 2 NO		
10e. STREET AND NUMBER						1	of. ZIP COD	E		10g. CIT	ZEN OF W	VHAT COUNTRY?	
Rt. # 1 Box	419						2.	1620			US	SA	
11. MARITAL STATUS 1 Naver Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES					13	It yea, s	ECENDENT (specify Cubi ES 2 X NO	n, Maxica	NIC ORIGIN? (Specify Yea in, Puerto Ricen, atc.) y:	or No	14. RACE Black Specifi	American Indian, k, White, atc.	
15. OECEDE (Specify only hig	NT'S EDUCA	ATION (moletect)	1:	Ba. DECEGENT	'S USUAL	OCCUPAT	TION		16b. KIND OF BU	SINESS/INC	USTRY		
Elementary/Secondary (0-12)		College (1-4 or 5	+)	life. Do NOT	use retired.) during n	nost of working	ng					
Secondary				Me	chan	ic			Campbe	-11 S	OHD	Company	
17. FATHER'S NAME (First, Middle	. Last)						18. MOT	HER'S NA	ME (First, Middle, Maiden		Jup	Jompany	
Daniel Brat	cher	Jr.						_	tie Tate				
19a. INFORMANT'S NAME (Type/				19b. MAILH	NG AOORE	SS (Street	and Number		Route Number, Cify or Tow	n. State 7/r	(Corde)		
Delores Br	atche	er							estertown,			0	
20m. METHOD OF OISPOSITION			20h PI	ACE ANODAT	EOEDISBO	VEITION /	Name of		2475 202 10	CATION	Ou		
1 XBurial 2 Crematton 4 Donatton 5 Other (Spe	ecify)		cemete M	ry, crematory of Ple	asani	t Ce	meter	y 1	0/19/91 Pc	cation -	n. M	D.	
21. SIGNATURE OF PHINERAL SE	RVICE LICE	NSEE #			22	. NAME	AND ADORE	SS OF FA	Bennie	Smit	h Se	rvices	
X an	1.6	Music	R			P. U.	Rox	928,	Hurlock,	MD.	2164	3	
23. PART Fenter the dises shock, or heart iMMEDIATE CAUSE (Final disease or condition resulting in death)	iaes, or co i failure. Li	Sud	der	n line.	dinc				1 o C		est,	Approximate interval Between Onset and Death	
Sequentially list conditions if any, leading to immediate		C +	4F	ONSEQUENCE								ONEWK	
cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	6	OUE TO	(OR AS A CO	ONSEQUENCE	OF):							•	
	u.												
PART II. Other significant of								given in	Part I. 24s. WAS AN PERFOR			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
11.6724303	14	CENT	em	otion	M	370	- C. J.		1 TYES 2	NO		COMPLETION DF CAUSE OF DEATH?	
												1 TYES 2 NO	
25. WAS CASE REFERRED TO ME EXAMINED.	-	11005					PLACE OF D	EATH (Ch	eck only one)				
1 10 YES 2 □ NO		HOSPITAL;	ER/Outpatis	int 3 🗆 DOA	OTHE		me 5 Ma	aldenca	S Other (Specify)				
27. MAINUM OF OEATH 1 Whatural 5 Pence	ding ation	28a. DATE OF (Month, O			IME OF NJURY M	28c. IN	JURY AT ORK?		28d. DESCRIBE HOW II	NJURY OCC	UREO		
3 Suicide 8 Coul		28e. PLACE O building,	F INJURY — etc. (Specify)	At home, term	, street, ta	ctory, offi	Ice		281. LOCATION (Street a City or Town, State)	nd Number	or Rural Ro	oute Number,	
29a. CERTIFIER 1 CERTIFY	NC PHYSIC	ANI To Mark											
									to the cause(a) and man time, data and place, and			and menner as atsted.	
296. BIGNATORE/AND TITLE OF							29c, LtCE						
		man i				,	-	360		▶ /	0/17	(Month, Day, Year)	
PATHILL J											-1		
31. OATE FILED (Month, Day, Year)		NAHAN	144	. 51	6 4	BSE	HV	5 (HESTERTO	m.	md	21620	
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	60	has
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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withinours after death. Page 6 may be reta	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 st

		FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN REG. NO.	E			
		1. DECEDENT'S NAME (First, Middle, Lest) FREE Man	T. [Blake		2. DATE OF DEATH DATE OF	Y GAF	3. TIME OF DEATH		
0		4. SOCIAL SECURITY NUMBER 227 26 3150	1 2 M 2 D F	YRS. MON	UNDER 1 YEAR IF UNDER 24 HRS. THS DAYS HOURS MIN. CITY, TOWN OR LOCATION OF D	7. DATE OF BIRTH (Month, Day, Year)	Cor	THPLACE (State or Foreign intry)		
	тов	9a. FACILITY NAME (If not institution, give st WM HILL CAN RESIDENCE OF DECEDENT	poridge	N.H. (am brida	L	Dorc	hester		
700	DIRECTO	Md Do	A 1	10c. CITY, TO	mbridge		La evitario	10d. INSIDE CITY LIMITS? 1 YES 2 NO F WHAT COUNTRY?		
family per	FUNERAL	100. STREET AND NUMBER GOOD GOOD NAMED TO THE STREET AND NUMBER 11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	101, ZIP CODE 2 16 12	NIC ORIGIN? (Specify Ye	US	ACE — American Indian,		
ding physic the burist	BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 XNO	If yes, specify Cuben, Mexic 1 YES 2 10 Speci	an, Puarto Rican, atc.)	B	ack, Whita, atc.		
ZIZUS	PLETED	15. DECEDENT'S EDU (Specify only highest grade Elamentary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use ret	done during most of working lired.)		SINESS/INDUSTR			
by the host be detache at once.	E COMPL	11:h 17. FATNER'S NAME (First, Middle, Lost) Robert Blake		<u> </u>	AME (First, Middle, Malden Brown	Surname)	80,			
be retained age 5 should be notified	TO B	19a. INFORMANT'S NAME (Type/Print) Mildred O. Blake		509 Ap	DRESS (Street and Number or Rura t. B Hobert St	Cambrid	ge. MD.	21613		
e 6 may actor, p		20a, METNOD OF DISPOSITION 1 월 Burlal 2 ☐ Cremation 3 ☐ Rem 4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF EUNERAL SERVICE LIC	oval from Stata	Bethel Ce	Metery AND ADDRESS OF B	Can	bridge.	MD.		
EALLIM er death. Pag the funeral di nal. il examiner		* John 54. 4	P.O. Box 928, Hurlock, MD. 21643							
d within 2- nours after on moletely filled in by the cremation or remove event, the medical		23. PART Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, abock, or heart feliura. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF):								
O. BOX 1310 certificate be execute nding physician and co Hygiene prior to buria or other traumatic	ERTIFICATION	Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. DUE TO (OR AS	A CONSEQUENCE OF):	fri Kin	Jace	an			
requires that the death seen signed by the attern of Health and Merital shows any Injury, is	AL C	PART II. Other significant condition	ns contributing to death	but not resulting in t	GPC 1 - 1	n Part I. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO		
The law ate has be ate Dept em 23	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		26. PLACE OF DEATH (1) THER:					
OF V PHYSICIA this certif with the	ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJURY AT	28d. DESCRIBE HOW	INJURY OCCURE	D		
TTENDI TOR: A after d	TED	3 Suicide 8 Could not be determined	28e. PLACE OF INJUR building, etc. (Sp	lY — At home, farm, streecify)	et, factory, office	281. LOCATION (Street City or Town, State	and Number or Ru	iral Route Number,		
4 4 5 5	=	(Check only			it the time, data and place, and d in my opinion, death occured at t			use(a) and menner as stated.		
TO THE HOSPIT TO THE FUNERA De filed within 7	TO BE	56. SIGNATURE AND TITLE OF CERTIFIE	Nas	Hen	29c. LICENSE N	108	29d, DATE SIG	NEO (Month, Day, Year)		
5		31. DATE FILED (Month, Day/Year)	STREET 32. REGISTRAR'S SIG	Cam	bridg, Mi) Jud	4C.1	Vashingm		
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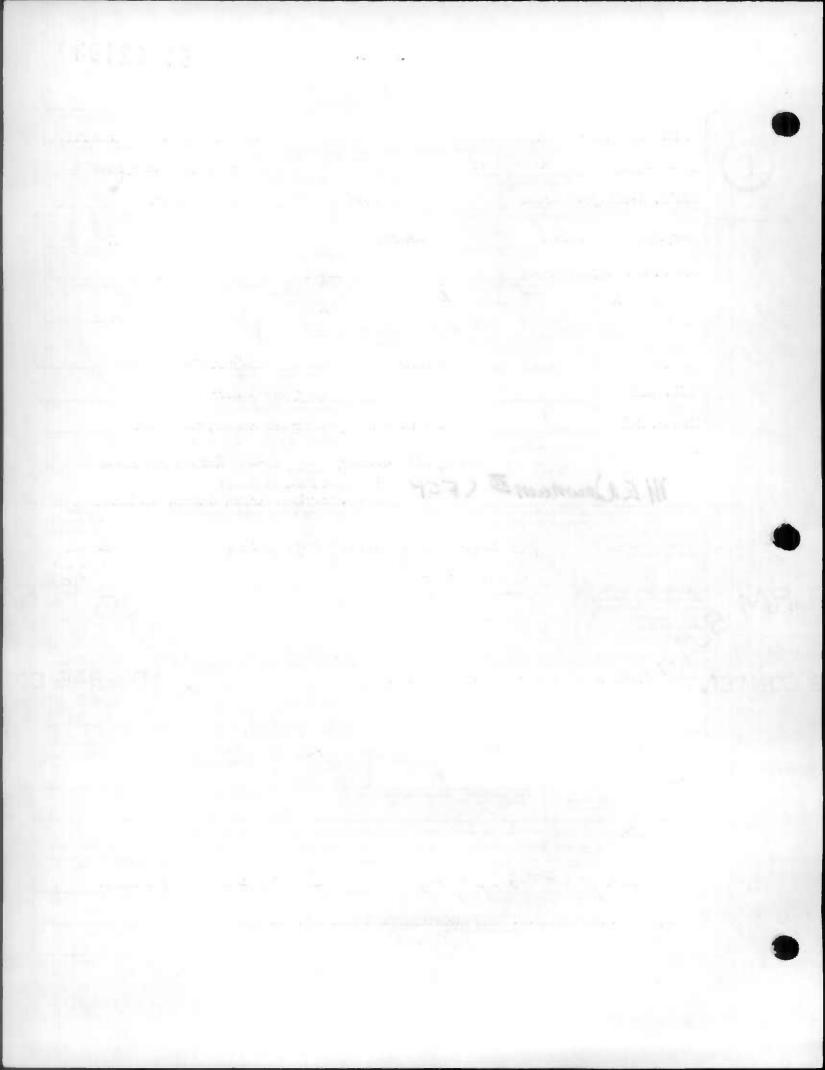
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	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after d	IRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	vurs after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,
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1 - STATE REGISTRAR	OTATE OF IN	ARYLAND / D Cer		ICATE				TENTAL	REG. NO	-		
1. DECEDENT'S NAME (First, Middle								2, DATE OF				3. TIME OF DEATH
MARGUER	ITE C.	BUTL	ER					MONTH 7 7	74	-	YEAR 7	5:30 p
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last b	irthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF				LACE (State or Foreign
097-22-9487	1 M 2 X F	87	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, L			Country)	
9a. FACILITY NAME (If not institution	(live street and number)	0,		Ob OITY	TOWN		ON OF OEA	5	21]	904		York
. 8				90. CITY,	, IOWN D	R LOCATI	ON OF OEA	ATH		9c. COUNT	TY DF DEA	ATH
Memorial	Hospital			E	ast	on				Та	1hot	-
	CDUNTY		10a CIT	Y, TOWN D	D I OCAT	DA.						
Maryland	Talbot		-	asto		IDN					1	Od, INSIDE CITY LIMITS?
	Tarbot			as co.	11						1	XXYES 2 NO
10a. STREET AND NUMBER					10f.	ZIP CODE				10g, CITIZ	EN OF WH	AT CDUNTRY?
501 Dutchman's	Lane					2160	1				USA	
10e. STREET AND NUMBER 501 Dutchman's 11. Marital Status	12. WAS DECEDENT		D	13. 1	WAS DECE	ENDENT D	F HISPANI	C DRIGIN? (Specify Year	or No—	4. RACE -	- American Indian,
III . W I LABOUR MINISTER T MINISTER	d FDRCES? 1 L	YES 2 ND		1 1	t yes, spe	cify Cuba	Specify:	Puarto Ric	en, atc.)		Black, 1	White, atc.
3 Widowed 4 Divorced					_ 123	z W ian	эресну				Specify:	White
15. DECEDENT	'S EDUCATION	16a. DECE	DENT'S	USUAL O	CUPATID	N		16b. K	ND OF BUS	SINESS/INDU	STRY	
(Specity only higher Elamentary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, L	College (1-4 or 5+)	(Give	kihd of v	vork done (furing mos	t of workin	g	1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
12	2	S	cho	ol To	each.	or		Dub	lia c	chool	Ela	mentary
17. FATHER'S NAME (First, Middle, L			CHO	OI I	cacii						-EIG	mentary
								E (First, Mid		1111111111		
								ie Wi				
19a. INFORMANT'S NAME (Type/Pris		19b. A	AAILING	ADDRESS	(Street ar	nd Number	or Rural Ro	oute Number,	City or Town	n, State, Zip C	Code)	
Betty Louise H	offman	11	34	Latr	obe 1	Dr.,	Cape	St.	Clair	e, MD	214	01
20a. METHDD OF DISPOSITION 1 Burial 2 X X remation 3 (20b. PLACE AND	DATE	FDISPOS	ITION (Ner	ne of		DATE	20c. LO	CATION — CI	ty or Town	. Stata
4 Donaflon 5 Other (Specif	/) State	Easter			Cmar	mo + o	1	1 15	1			
21. SIGNATURE DF FUNERAL SERV	ICE LICENSEE	Laster	11_3	22.	NAME AN	D ADDRES	S OF FACI	LITY	IGeor	Berom	n, D	E
B K	14 1/h.				New	nam	Funer	ral H	ome			
N 17	10/19	-			200	S. I	Harri	ison	St.,	Easto	n, M	D 21601
Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	a	R AS A CONSEQUE	PU/	7:	POF	INTER VN	dopo	min!	din	10/059	/	Approx longs
	d											-
PART II. Other significant cor	ditions contributing to d	eth but not resu	ulting i	n the un	derlying	cause g	iven in Pa	art i. 24	a. WAS AN			ERE AUTOPSY FINDINGS
								_ 1	YES 2	MO	C	OMPLETION DF CAUSE F DEATH?
												YES 2 NO
								_				0 .10 1 6 .10
25. WAS CASE REFERRED TO MEDI	CAL			_	26 PLA	CE OF DE	ATH (Check	k only one)				
25. WAS CASE REFERRED TO MEDI EXAMINER? 1 YES 2 ND 27. MANNER OF DEATH	HOSPITAL:			OTHER	:	-						
27. MANNER OF DEATH	1 inpatiant 2 E							Other (S				
1 Natural 5 Pendin	(Month, Day		8b. TIME INJU	JRY	26c. INJU WOR		- 1	26d. DESCR	BE HOW IN	IJURY OCCU	RED	
2 Accident Investig				М	1 YE	ES 2	ND					
3 Sulcida 6 Could	building, etc	NJURY — At home, c. (Specify)	farm, s	treet, facto	ry, offica	-	2	261. LOCATII	ON (Street a	nd Number or	Rural Rous	te Number,
4 Homicide detarmi	ned	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						Only or a	own, Stale)			
	PHYSICIAN: To the best of m											
	AMINER: Dn the basis of exer	and/or Inve	attigation	n, in my op	oinion, da	ath occure	d at the tir	ma, data and	f place, and	dua fo tha	cause(a) a	nd manner as stated.
296. SIGNATURE AND TITLE OF CE	TIFIER					29c. LICE	NSE NUMB	ER		29d. DATE S	SIGNED (M	onth, Day, Year)
Kinley 1/m	Catro	5 1250				Mo	(1)	3/4	166	D //	1/14	191
30. NAME AND ADDRESS DE PERSI	N WHO COMPLETED CAUSE	OF DEATH (ITEM 27	7) (Type.	Print)		, 4	/	/	-0	-//	1//	//
Ludwig J/Fg	Lscoliga TII	no (0	6		6		LAN	E .			10.	
31. DATE FILED (Month, Day, Year)	an projection	SIGNATURE	0 .	0,0	-1 //	TNI	LINI	- 14	11/0m	Mo	216	50/
31. DATE FILED MONTH. LINV WINT												
1101/4	03 20. K	50										
NOV 4	03 20. K	igdson Ran	dell									

1 - STATE REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO		
1. DECEDENT'S NAME (First, Middle, Las)				2. DATE OF DEATH	AY YEAR	3. TIME OF DEATH
Webster		131	roun		MONTH D.	1991	1420 M
4. SOCIAL SECURITY NUMBER 218144405	5. SEX 6.	. AGE (In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Coun	**
9a. FACILITY NAME (If not institution, give	X	0,5 1,105.	Oh CITY TOWN	OR LOCATION OF DE	3-8-08	9c. COUNTY OF	eryland
			E1kto		EATH	Cecil	
10a. STATE 10b. COUN	ITY	10c. Cl	TY, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?
Maryland	Kent	Che	stertown				1 YES 2 NO
10e. STREET AND NUMBER Route 1 11. MARITAL STATUS 1 Never Married 2 Married			10	21678		109. CITIZEN OF	WHAT COUNTRY?
3 Widowed 4 Divorced	12. WAS OECEOENT E FORCES? 1 IF YES, GIVE WAR	YES 2 TNO	If yes, s	CENDENT OF HISPAI	NIC ORIGIN? (Specify Ya an, Puarto Rican, etc.) fy:	a or No- 14. RAG Bla	E - American Indien, ck, Whita, etc. city: Black
15. DECEDENT'S EI (Specify only highest gra Elementery/Secondary (0-12) 8+1 17. FATHER'S NAME (First, Middle, Last)	OUCATION ide completed) College (1-4 or 5+)	(Give kind of life, Do NOT of				SINESS/INDUSTRY	
17, FATHER'S NAME (First, Middle, Last)		Lab	orer	18 MOTHED'S NA	ME (First, Middle, Maiden	g -Facto	ry
						Ostrianio	
19a. INFORMANT'S NAME (Type/Print)		105 MAILIN	C ADDRESS (Street	Virgie	Wilson Route Number, City or Toy	un Stato 7in Cada)	
Clara Mae Brown							
orara mae brown					STETTOWN 20c. LC	Md 216 DCATION — City or	
20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Re 4 Donstion 5 Other (Specify)	moval from State	of cemetary, cremator	ry or other place)		ry 11-8-91		
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	7 011 011	22. NAME /	AND ADDRESS OF FA	ACILITY		rid.
Nothing 5	Rrince				h Funeral	Home	
disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condit	b. <u>Carc</u> DUE TO (0	OR AS A CONSEQUENCE	of: Pro	state			2 y 15
	_ d						
	Le renal			ng cause given in	1 Part 1. 24a. WAS AI PERFO	RMED?	4b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL	T		26.1	PLACE OF DEATH (C)	heck only one)		
EXAMINER?	HOSPITAL:	ER/Outpatient 3 DOA	OTHER:	me 6 Beeldense	6 Other (Specity)		
27. MANNER OF DEATH	28a. DATE OF II (Month, Day	NJURY 28b. Ti	IME OF 28c. th	NJURY AT YORK?	28d. DESCRIBE HOW	INJURY OCCURED	
2 Accident Investigation 3 Suicide 6 Could not 1 4 Homicide datarmined	26a. PLACE OF building, at	INJURY — At home, farm fc. (Specify)			28f. LOCATION (Street City or Town, State	t and Number or Rure e)	il Route Number,
one)	YSICIAN: To the best of m						e(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIF	FIER			29c. LICENSE NU	JMBER	29d. DATE SIGN	ED (Month, Day, Year)
11/0/ Caro 10	houskon	mD		D07	129	5 11	5491
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE		pe, Print)	1.4.	md 21	9/5	
31. DATE FILED (Month, Day, Year)	32. REGISTRAR	'S SIGNATURE	201	, , en.	11000	11/	
NOV 1 9 10	91 60	Laydson-Rand	ell-				

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Amedia after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, physician and Mental Morien prior to burial, cremation, or removal.	them 28 is marked or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1.1	1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3.											3. TIME OF DEATH			
		STEVENS S						MONTH DAY 11 1 1991			4:00 PM					
0		220-09-4152	ER	5. SEX 1 X M 2 - F	6. AGE (In yrs. 79	last birthday) YRS.	IF UNDER	DAYS	HOURS	24 HRS. MIN.	(Month	DE BIRTH (Day, Year)	12	Count	HPLACE (State or Foreign) vland	
15		BO6 N. Washi					9b. CITY		OR LOCATIO	ON OF DE	ATH		9c. COU	NTY OF I	DEATH	
یا	RI	306 N. Washington Street RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 1						OR LOCAT	TION				1 di	oot	10d, INSIDE CITY	
DIRECTOR	N	Maryland	_	ston	011 20011							LIMITS?				
		e. STREET AND NUMBER						101	. ZIP CODE	E			10g. CIT	IZEN OF	WHAT COUNTRY?	
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BY	3 (Never Married 2 X I Widowed 4 Divor		FORCES? 1	YES 2	₩ NO		If yes, sp	ecify Cuba		, Puarto F		or No-	Spec	E — American Indian, ck, White, atc. city: White	
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MPL		10				Welde	r					Shipya				
		. FATHER'S NAME (First, Mic	ddle, Last)							HER'S NAM L'IOTI		fiddle, Malden	Sumame)			
8	19	a. INFORMANT'S NAME (Ty	rpe/Print)			19b. MAILING	G ADDRES	S (Street a				er, City or Tow	vn, State, Zij	p Code)		
2		Eva M. Bell				306 N	. Was	hing	ton S	tree	t, Ea	ston, M	MD 21	601		
	Eva M. Bell 306 N. Washington Street, Easton, MD 21601 20s. METHOD OF DISPOSITION N Burlel 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)												fown, State			
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DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Nouns after death. Page 6 may be retained by the hospital or attending physic	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burin be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITA	TO THE HDSPITAL DR ATTENDING PHYSICIAN: The	TO THE FUNERAL DIRECTOR: After this certificate his be filed within 72 hours after death with the State D	IMPORTANT: It item 28 is marked, or item

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1 - STATE REGISTRAR		CERTIF	ICATE O	DEATH	R	EG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D	DEATH DAY	YEAR	3. TIME OF DEATH
CARROLL S.	BRINSFIELD	, JR.			10		991	10:50 PM
4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE DF B (Month, Day	BIRTH	_	HPLACE (State or Foreign
214-09-1580	1X M 2 □ F 86	YRS.	MONTHS DAYS	OR LOCATION OF DI	5 2	3 1905		yland
William Hill Manor			Easto				lbot	
100. STATE 10b. COUNTY Maryland Talbo			Y, TOWN OR LOC	ATION			1	10d. INSIDE CITY LIMITS? 1X YES 2 NO
10e. STREET AND NUMBER				IO1. ZIP CODE		10g. CI	TIZEN OF	WHAT COUNTRY?
35 Hunter Court	10.3 10.			21601		USA	7	
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes,	ECENDENT OF HISPAI specify Cuben, Mexico ES 2 NO Specif	n, Puerto Ricar		14. RAC Blac Spec	E — American Indian, ck, White, etc.
15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16e. DECEDENT'S (Give kind of life. Do NOT u	work done during	TION most of working	18b. KIN	D OF BUSINESS/II	NDUSTRY	
Elementery/Secondery (0-12)	College (1-4 or 5+)	Exec. Fo		rol	Stat	te Dept.	Healt	:h
17. FATHER'S NAME (First, Middle, Last)						le, Maiden Surname)		
Carroll S. Brinsfiel	d, Sr.	1000		Alice M	ay New	nam		
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	G ADDRESS (Street	t and Number or Rural	Route Number, (City or Town, Stete, 2	Zip Code)	
Ruth B. Brinsfield				urt, Easto	n, MD			
20a METHOD OF DISPOSITION 1 A Buriel 2 Crametion 3 Remo	oval from State	20b. PLACE AND DAT of cemetary, cremator	y or other place)		DATE	20c. LOCATION -		
4 Donetion 5 Other (Specify)		pring Hill	Cemete	AND ADDRESS OF F	11-4	Easton,	Mary	land
			Ne	wnam Fun	eral Ho			
JOHN R.			200	S. Harrise	on St.	Easton, N	ID 21	601
immediate cause (Final diaeae or condition reaulting in death) Sequentiely list conditions, if any, leading to immediate	b. DUE TO (DR A)	MAC OF A CONSEQUENCE OF	07.5 07.5 08.15, ges	nevalized				
cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated eventa resulting in death) LAST	cDUE TO (DR A:	S A CONSEDUENCE C	DF):					
PART II. Other significant condition	s contributing to death	but not reaulting	in the underly	ing cauaa givan ir	Part I. 24	e. WAS AN AUTOPS	Y 24	b. WERE AUTOPSY FINDING
					1	PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			20	DI ACE OF DEATH (C				
EXAMINER?	HOSPITAL:		QTHER:	PLACE OF DEATH (C			-	
1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	26e. DATE OF INJUR (Month, Day, Yea	Y 28b. TII	ME OF 28c.	INJURY AT WORK?		ibe HOW INJURY	OCCURED	
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUbullding, etc. (S	JRY — At home, ferm,				ON (Street and Num Town, State)	ber or Rurai	I Route Number,
(Critical Orly)	ICIAN: To the best of my kn							(e) end menner ee stated.
29b. SIGNATURE AND THE CENTY E	m			DZ8	53.5	29d. 0	ATE SIGNE	ED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WH Michael D. Crowley				aston, MD	21601			
31 DATE FILED (Month Ary	32. REGISTRAR'S	PHONE DLEW	MD 21601	JE				

12

DHMH-16 Rev 1/89

	1. DECEDENT'S NAME (First, Middle, Las	2. DATE OF DEATH DATE OF DATE		3. TIME OF DEATH							
	4. SOCIAL SECURITY NUMBER		PIRTHPLACE (State or Foreign								
	213-01-4845	5. SEX 6. AGE	E (In yrs. last birthday)	MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year)	0	Country)			
	9a. FACILITY NAME (If not institution, giv	Α	78 YRS.	9b. CITY, TOWN	OR LOCATION OF D	1 11 1: EATH	9c. COUNTY	Garyland OF DEATH			
	9a. FACILITY NAME (If not institution, give street and number) St. Agnes Hospital 9c. COUNTY OF DEATH Baltimore										
	RESIDENCE OF DECEDENT 100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION 100. INSIDE										
OIR	The state of the s	oward	City			LIMITS?					
- 10	10e. STREET AND NUMBER		OF WHAT COUNTRY?								
FUNERAL	9537 Longview I	Orive			21042		U.S	5.A.			
2	11. MARITAL STATUS 1 Never Merried 2 Married	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR				NIC ORIGIN? (Specify Yea an, Puerto Rican, atc.)	e or No— 14.	RACE — American Indian, Black, White, etc.			
k R	3 Widowed 4 Divorced		W.II	1 🗆 YI	ES 2 NO Speci	ffy:		Specify: White			
	15. DECEDENT'S E	DUCATION	16a. DECEDENT	S USUAL OCCUPA	TION	16b. KIND OF BU	SINESS/INDUST	RY			
	(Specify only highest gri	College (1-4 or 5+)	Clerk	work done during i use retired.)	most of working	II C	Post Of	fico			
COMPL			Cierk					rrice			
- 11	17. FATHER'S NAME (First, Middle, Last)	1				AME (First, Middle, Melden					
B	George Bartho	oromea	19h. MAII IN	G ADDRESS (Street		eth Goldber Route Number, City or Tow		de)			
임	Christine Bar	rtholomev				licott City					
	20e. METHOD OF DISPOSITION	2			cemetery, cremetory or		OCATION — City				
	1 Donetion 5 Other (Specify)		Crestlaw	n		Mar	riottsv	ville, Md.			
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			AND ADDRESS OF F	KE FUNERAL	HOME				
	Harry	H. Will	the					City,Md.21			
	IMMEDIATE CAUSE (Final	re. List only one cause on	aach lina.	not anter the r	mode of dying, su	ch as cardiac or resp	oiretory arrest	Intarvai Beta			
CERTIFICATION	N. I.	a. Myoco Due to (or As pue zy (or As c. Atria	S A CONSEQUENCE S A CONSEQUENCE S A CONSEQUENCE S A CONSEQUENCE	Jafaral Haral briller		ch as cardlac or resp	olretory arrest	Intarvai Bety Onset and D			
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BE COMPLETED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions, if any leading in death LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH 1 Nitural 5 Pending Investigation of Could not determine in the process	a. Due to (or As	S A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE A DUTY 28b. T URY — At home, farm poecify) AD A A A A A A A A A A A A	OF): Jordan OF): Jordan OF): g in the underly OF): 26. OTHER: 4 Nursing H IME OF NJURY M 1 [In, street, fectory, o	PLACE OF DEATH (Community of the property of t	Description of time, date end plece, of	N AUTOPSY PRIMEO? 2 NO OCCUP INJURY OCCUP t and Number or e)	Interval Betwonset and Conset and			

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2- mours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 in the filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First,	Middle, Last)	DAul	2	iran				2. DATE O MONTH	DA		YEAR	3. TIME OF DEATH
002	Phb	1	3 - 40					Nov.		1991		12:30 a M
4. SOCIAL SECURITY NUMBER		5. SEX		yrs. last birthday)	IF UNDER 1	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE Of (Month,	Day, Year)		Count	
218-05-3714			70	YRS.				Jan	16,1	921		ryland
9e. FACILITY NAME (If not ins							OR LOCATION OF DE	ATH		9c. COU	NTY OF D	DEATH
St. Agnes		tal			Balt	imc	ore, Md.					
10e. STATE	10b. COUNTY	1		10c. CITY	TOWN OR	LOCAT	TION					10d. INSIDE CITY LIMITS?
Maryland	Howa	rd		Elkr:	idge							1 YES 2 XIO
10e. STREET AND NUMBER						101	. ZIP CODE			10g. CIT	IZEN OF	WHAT COUNTRY?
7342 Montgo	mery	Rd.				2	21227			U.	S.A.	
11. MARITAL STATUS		12. WAS DECEDEN					ENDENT OF HISPAN			or No—	14. RAC Blac	E — American Indian, ik, White, etc.
1 Never Merried 2 🐴 I 3 Widowed 4 Divon		IF YES, GIVE Y	MAR OR DATE	ES	1	YES	XX NO Specify	y:	con, and			www. White
15. DECE (Specify only	DENT'S EDUC	CATION completed)	1	Give kind of w	ork done du	CUPATIO	ON ast of working	18b. I	KIND OF BUS	SINESS/INI	DUSTRY	
Elementary/Secondery (0-	Ť	College (1-4 or 5	+)	Self Em	retired.)			Ref	Friger	atio	n. A	ir Condition
					/							
17. FATHER'S NAME (First, Mic							16. MOTHER'S NAI			Sumame)		
Ludwig Bara							Mary					
196. INFORMANT'S NAME (7)							ery Rd., E					21227
			1						0 -			CICI
20s. METHOD OF DISPOSITION 1 Buriel 2 Cremetion	n 3 🗌 Remo	oval from State		metary, crematory adowrid			(Name	DATE				
4 Doneffon 5 Other (ENSEE	//	adowitu	Elkridge, Md. 22. NAME AND ADDRESS OF FACILITY HARRY H. WITZKE FUNERAL HOME						1.0	
120	11/1		/									
within	Z. M	week)	4.						-			City, Md. 21043
23. PART I. Enter the die shock, or he		complications the			ot enter t	he mo	ode of dying, eucl	h ee cerdi	ec or reep	iratory er	reet,	Approximate interval Between
IMMEDIATE CAUSE (Fina												Onset and Death
disease or condition recuiting in death)	+	ė	H+H	evoscle	rote	c 1	teaux F	June	are			2011
		OUE TO	OHASA	CONSEQUENCE OF):							
Sequentielly list condition	ons,	b	Muy	OCCUPAL CONSEQUENCE OF	lal	UY	Harch	00				Hrs
if eny, leeding to immed ceuse. Enter UNDERLY		DOE IC	(OH AS A C	ONSEQUENCE OF).							
CAUSE (Diseese or Injur		cDUE TO	OR AS A C	CONSEQUENCE OF):							
resulting in deeth) LAST												
		d										
PART II. Other eignificer	- 1			t not reculting i	n the unc	deriyin	g cauae given in	Pert i.	24e. WAS AN PERFOR		24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
Deal	setti,	BITY	W.P.					_	1 YES 2	₽ NO		OF DEATH?
								_				1 TYES 2 THO
25. WAS CASE REFERRED TO EXAMINER?) MEDICAL	HOSPITAL:	-		OTHER		LACE OF DEATH (Ch	neck only one)			
1 TYES 2 NO		1 Inpatient 2			4 🗆 Nursi	ing Hor	ne 5 Reeldence	_				
27. MANNER OF DEATH	Pending	28e. DATE O (Month,	F INJURY Day, Year)	28b. TIMI INJ	URY M	W	JURY AT ORK?	28d. DES	CRIBE HOW	INJURY OC	CUREO	
2 Accident	investigation	00- PI 405	OF IN HIPW	44.5			YES 2 NO	200 1000	71011 (0		D	Do to Markey
	Could not be	building	, efc. (Specif	— At home, farm, a	dreet, Tecto	ry, otti	De .	City o	or Town, State	and Numbe)	er or Hurai	Route Number,
200 CERTIFIER						_						
one) —							e end piece, end due					
2 MEDI	CAL EXAMINE	ER: On the basie of	examination	end/or investigatio	n, In my op	olnion,	death occured at the	fime, date	and place, a	nd due fo i	fhe cause	(e) and menner ee stated.
29b. SIGNATURE AND TITLE	OF CERTIFIE	REINE	u	(a			DO65			29d. DA	TE SIGNE	D (Month, Day, Year)
30. NAME AND ADDRESS OF	PERSON WH	10 COMPLETED CA	USE OF DEA	TH (ITEM 27) (Type,	Print) i					2	-	
Mellin-	1 KB	wan r	1801	DOGEY		All	Br 21	licott	- Ci	41	MI	21045
31. DATE FILED (Month, Day,		Su REGISTE	BUY CLOCK	- Mandalle								
1 1/11/11	1 6	17										

WOTTON SON

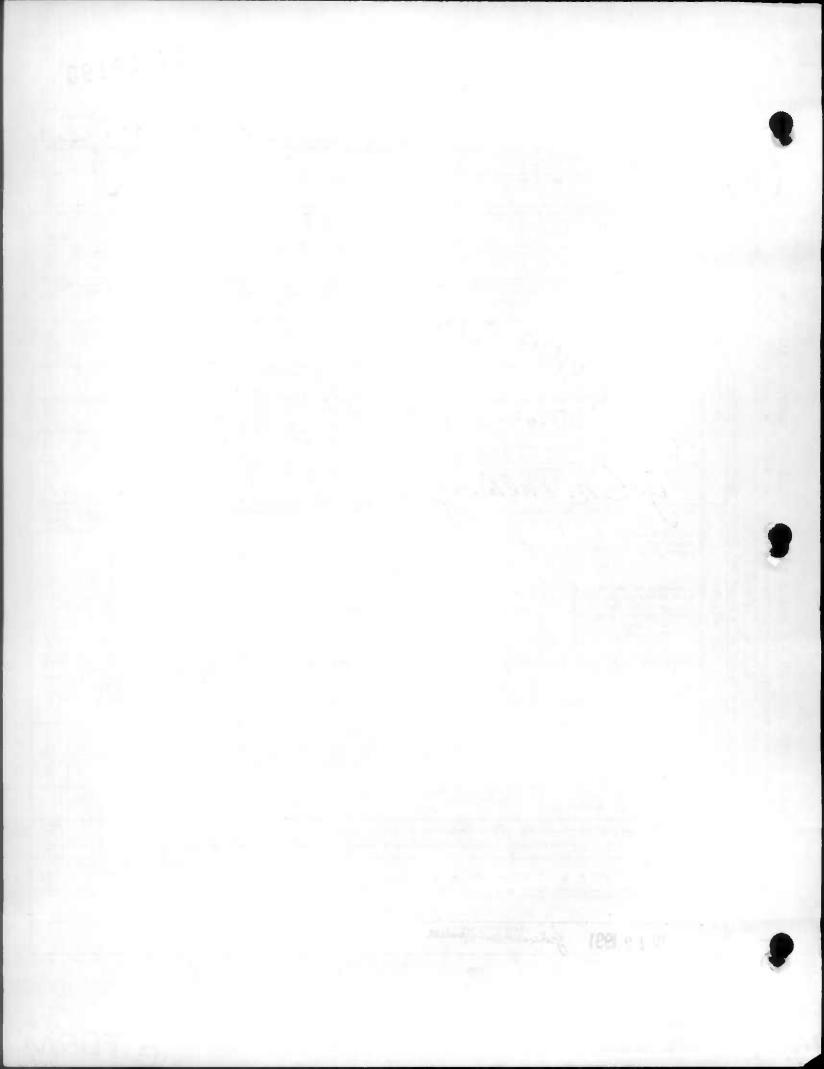
TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CE	RTIF	CATE	OF	DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last,)							OF DEATH		V=10	3. TIME OF DEATH
CHARLES HER	RBERT	BENI	VETT			2.0	MONTH	(D	7	91	10:40 H
4. SOCIAL SECURITY NUMBER		8. AGE (In yrs. last	birthday)	IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.		OF BIRTH , Day, Year)			IPLACE (State or Foreign
144-10-7610	1 M 2 D F	76	THS.					6-15			JERSEY
9a. FACILITY NAME (If not institution, give BERLIN NURSING H RESIDENCE OF DECEDENT					RLIN	R LOCATION OF DE	HTA			CEST	
10a. STATE 10b. COUN	CESTER			ERLII		ION					10d. INSIDE CITY LIMITS? 1 YES 2 X NO
10e. STREET AND NUMBER					101	ZIP CODE			10g, CIT	IZEN OF V	VHAT COUNTRY?
2222 OCEAN PINE	S					21811			U	S.A	
11. MARITAL STATUS 1 Never Married 2 A Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 NO		- 11	yes, spe	ENDENT OF HISPAN ecify Cuban, Maxica 2 NO Specify	n, Puarto I		n or No—	Spec	E — American Indian, k, White, atc. lly:
15. DECEDENT'S ED (Specify only highest grad	UCATION de completed)	(Giv	re kind of w	USUAL OC	CUPATIO	N st of working	18b	KIND OF BU	SINESS/INI	DUSTRY	
Elamentary/Secondary (0-12)	College (1-4 or 5+)	17.00	Do NOT us								
12 Years		SUP	ERVI	SOR				U.S. I		OFFI	.CE
17. FATHER'S NAME (First, Middle, Last)		200				18. MOTHER'S NA	ME (First, I	Middle, Malden	Surname)		
CHARLES	M. BENNE	l'l'				FLORE	ICE I	R. HUD	SON		
19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS	(Street a	nd Number or Rural	Route Num	ber, City or Tow	vn, State, Zij	p Code)	
JANETTE ANDREW B	ENNETT	2	222	OCEA	N PI	NES BEF	RLIN,	MD :	21811		
20e. METHOD OF DISPOSITION 1 Burlal 2 1 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from Stale	other plan	ce)			RY 1	1 0 0		CATION —		
21 SIGNATURE OF FUNEBAL SERVICE I	ICENSEE	SALIS	BUKI			ID ADDRESS OF FA		SAI	LISBU	KI,	MARYLAND
· auton	Della	way		1	HOLL	OWAY FUN	NERAL		TODIT	37 34	D 21801
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST	Advance	OR AS A CONSECUTION OF AS A CONSECUTION OF THE CONSECUTION AS A CONSECUTION AS A CONSECUTION OF THE CONSECUTION AS A CONSECUTION AS A CONSECUTION OF THE CONSECUTION AS A CONSECUTION AS A CONSECUTION OF THE CONSECUTION AS A CONSECUTION OF THE CONSECUTION AS A CONSECUTION OF THE C	imer ouence of he l	r): 's D: r): eft (isea						
PART II. Other algnificent condition	ona contributing to	death but not re	esuiting	in ths un	dariyin	g csuse given in	Part I.	24a. WAS AF PERFO 1 YES	RMED?	24	b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF DEATH (C)					
1 TYES 2 NO	1 🗆 Inpetient 2 🗆	ER/Outpatient 3	□ DOA	4 Nun		e 5 🗆 Residence					
27. MANNER OF DEATH 1 Natural 5 Pending	(Month, De	26a. DATE OF INJURY (Month, Day, Year)			WC	JURY AT 26d. DEŞCRI ORK? YES 2 NO		DEŞCRIBE HOW INJURY OCCURED			
2 Sulaida	2 Accident Investigation 3 Suicide 6 Could not be 26a. PLACE OF INJURY — Al homa building atc. (Specify)							281. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)			
torrown ormy	/SICIAN: To the best of NER: On the basis of ax										a) and manner as stated
29b. SIGNATURE AND TITLE OF CERTIF	TER					29c. LICENSE NU	MBER		29d. DA	TE SIGNE	D (Month, Day, Year)
122	12-	2-	1	りつ		D02026				11/7/	
30. NAME AND ADDRESS OF PERSON OF FEDERICO G. ARTH					S, E	BERLIN, A	1D 2	21811			

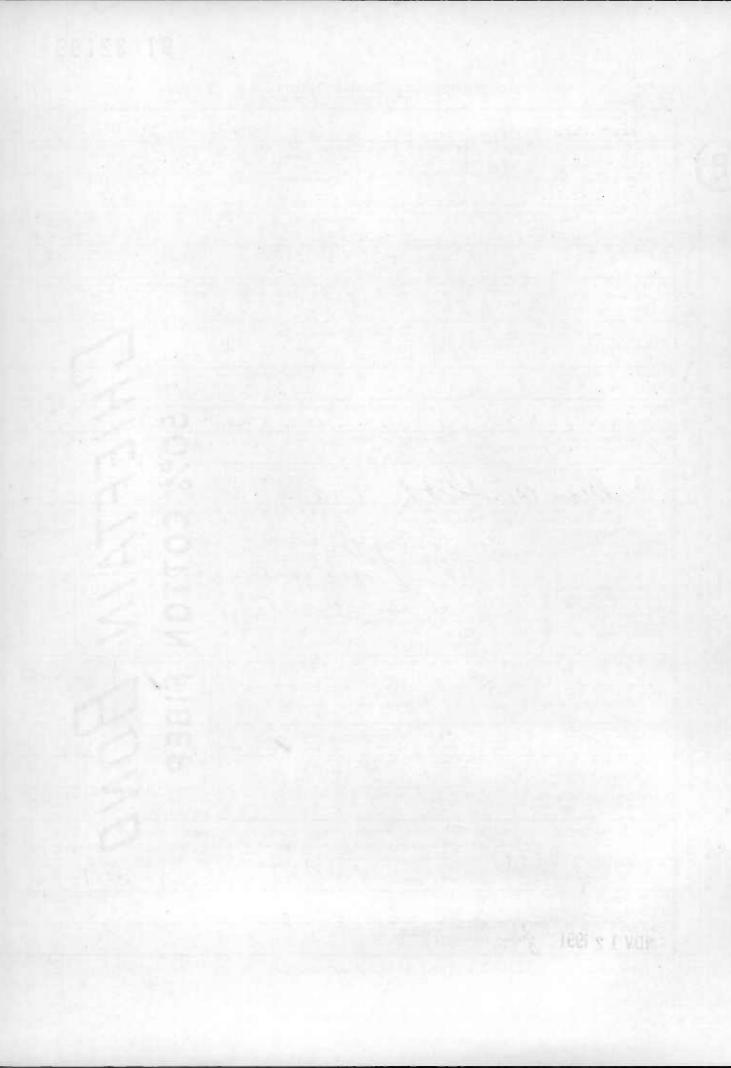
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year)
NOV 1 2 1991



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		FOR STATE REGISTRAR	STATE OF MARYLA		RTMENT OF		MENTAL HYGIENI REG. NO.	E	
		1. DECEDENT'S NAME (First, Middle, Last) Esther W. Brinsfi	eld				2. DATE OF OEATH MONTH DA	1991 YEAR	3. TIME OF DEATH 7:35 P.M.
P			5. SEX 6. AGE (In 6)	yrs. last birthday) 5 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10-26-192	Cour	
9	H)	9a. FACILITY NAME (if not institution, give street 403 E. East St.	et and number)		96. CITY, TOWN Delmar	OR LOCATION OF D	EATH	9c. COUNTY OF Wicomio	
Pages	DIRECT	10a, STATE 10b. COUNTY Md. Wicom	ico		ry, town on Loc	ATION			10d. INSIDE CITY LIMITS? 1X YES 2 NO
sit permit.	100	100. STREET AND NUMBER 403 E. East St.				21875		10g. CITIZEN OF	WHAT COUNTRY?
ling physician. the burial-transit	BY FUNERAL		2. WAS DECEDENT EVER IN 1 FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 X NO	If yes, o	ECENDENT OF HISPA	NIC ORIGIN? (Specify Yea in, Puarto Rican, atc.) y:	or No— 14. RAG Bie Spe	CE — American Indian, ck, White, atc. city: 11te
al or attend for use as	PLETED	15. DECEDENT'S EDUCA' (Specify only highest grade co	16a. DECEDENT'S (Give kind of life. Do NOT to Homem	,	TION most of working	16b. KIND OF BUS			
by the	BE COMI	17. FATHER'S NAME (First, Middle, Last) Glenn Whayland				Cora Wh	ME (First, Middle, Maiden Layland	Sumame)	
ay be retained page 5 should be notified	10	George W. Brinsfi		403	E. East		Route Number, City or Town	875	
e 6 m rector, must		20g, METHOO OF DISPOSITION 1 & Burlal 2 Cremetion 3 Ramovi 4 Donation 5 Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE LICES	nl from State Wi	other piace)	Memoria		Sa1	isbury,	
er death. the funeraval.		William N	1. Skort	1	Shor P.O.	t Funeral Box 204	Home, Inc Delmar, De	. 19940	
h certificate be executed within an incurs ending physician and completely filled in b I Hygiene prior to burial, cremation, or rei or other traumatic event, the medi	CERTIFICATION	23. PART I. Enter the diseases, or conshock, or heart fellure. List important for the condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		CONSEQUENCE	for mel	fun	2°		Approximate Interval Between Onset and Death
that the ded by the thank the and Me	: MEDICAL	PART II. Other significant conditions	contributing to death bu	t not resulting	In the underly	ing cause given in	Part I. 24a. WAS AN PERFOR	RMED?	No. WERE AUTOPSY FINGINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DIP GEATH? 1 YES 2 NO
N: The la ficate has State De	SICIAN		HOSPITAL:	tient 3 DOA	OTHER:	PLACE OF OEATH (Co			
	BY PHYS	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. OATE OF INJURY (Month, Day, Year)	28b. TI	ME OF 28c. I	NJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCUREO	
CTOR: A after de 28 Is	ETED B	3 Suicida 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY - building, etc. (Specif	— At home, farm,	street, factory, of	fice	281. LOCATION (Street of City or Town, State)		l Route Number,
구 그 그 =	P	290. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI MEDICAL EXAMPLES:	AN: To the my knowle						(a) and manner as stated.
TO THE HOSPITATO THE FUNERA DE filed within 7 IMPORTANT:	8E	296. SIGNATURE AND PITLE OF CONTONIES	, Co			D20 L	MBER	Sar DVE Sport	Deporth, Day, Year)
		30. NAME AND ADDRESS OF PERSON WHO Joseph Raffetto				& Quincy	Sts. Sali	sbury, M	id. 21801
	8	NOV 1 2 1991	32. REGISTRAR'S SIGNAL LIGHT L	TURE DE					



1 - STATE REGISTRAF

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO.

-	HEGISTHAN				SEULL	ICAL	CUL	DEA	171	REG. N	O.		
	1. OECEDENT'S NAME (First, ROBERT	- '	RTON SR							2. DATE OF DEATH MONTH	DAY Q	91	3. TIME OF GEATH A
	4. SOCIAL SECURITY NUMBER	-	The same of the sa	6. AGE (In yrs.	last birthday)	IF UNDER	1 VEAD	IF UNDER	24 MDC	7. OATE OF BIRTH	<u>a</u> -	PUDTIN	PLACE (State or Foreign
	231-12-747	1	t NM 2 DF	72	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)	7.0	Country)
	9a. FACILITY NAME (If not ins			12		9h CITY	96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						
œ	UNIVERSIT					0	BALTIMORE -			AIR			
DIRECTOR	RESIDENCE OF DECEDENT						D211	17 717	OICL				
HE(10a. STATE	10b. COUNTY			10c. CIT	TY, TOWN OR LOCATION						10d. INSIDE CITY	
	MARYLAND ANNE ARUNDEL					SEVERN				t YES 2		t YES 2 NO	
AL	10e. STREET AND NUMBER						101. ZIP CODE				10g. CITIZEN OF WHAT COUNTRY?		HAT COUNTRY?
E	1038 MINNATONKA ROAD						21:	144		U	U.S.A.		
FUNERAL	11. MARITAL STATUS		12. WAS DECEOENT FORCES? 1			t3.	WAS DEC	ENDENT C	OF HISPAN	IC ORIGIN? (Specify	aa or No-	14. RACE	- American Indian, White, etc.
ВУ	1 Never Married 2 2 1 3 Widowed 4 Olvor		IF YES, GIVE WE WAY	AR OR DATES					m, Maxica Specify	n, Puarlo Rican, etc.)			
						1_						WH:	ITE
TED	15. OECE (Specify only	DENT'S EOUC. highest grade of	ATION completed)	t6a.	Give kind of a	USUAL O	CCUPATIO	ON st of working	ng	16b. KIND OF B	USINESS/IN	DUSTRY	
	Elamentary/Secondary (0-	12)	College (t-4 or 5+))									
COMPLET	12		0	CA	BINE	L' MA	KER					ANUF.	ACTURING
	t7. FATHER'S NAME (First, Mic		777							ME (First, Middle, Maide	an Surname)		
BE	GEORGE W.		JIN							A. COOK			
2	MARGARET I		т							Route Number, City or To			07744
			•						A h	ROAD-SEV			
	209 METHOD OF DISPOSITION	A Bamo	val from State	cemetery	CEAND DATE OF PARTIES	of DISPOS ther place	SITION (Na	meof			OCATION -		
1	4 Donation 5 Other		week t	IMAR	XTANI				SS OF FAC		CROWN	12 A T I	LLE, MD.
	- //		I. Ko	rufin	rans					FINK FUN	JERAT	HOM	Æ 21061
	23. PART I. Enter the dis	ny	pr.	D		4	26 (CRAI	NH	WY.S.W.	GLEN	BURN	NIE, MD.
	IMMEDIATE CAUSE (Find disease or condition resulting in death)		Ist only one caus	OR AS A CONS	3 M	Pive	WM	ndn	ria		***		Intarval Batween Onset and Daath
CATION	Sequantielly list condition if any, leading to immed cause. Enter UNDERLYIN CAUSE (Disease or injure)	iata IG	DUE TO (OR AS A CONS	SEQUENCE OF	F):							
CERTIFICATION	that initiated avents reaulting in death) LAST		OUE TO (OR AS A CONS	SEOUENCE OF	F):							
- 11	PART II. Other significan	t conditions	contributing to	death but no	t rasulting	in tha ur	dariying	cauaa g	givan in		N AUTOPSY		WERE AUTOPSY FINDINGS
EDICAL	Carela	wh.	item	mono	re					PERF	ORMEO?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEC	Avasa	1vca									ZX INO		OF OEATH? 1 YES 2 NO
													N/A
X	25. WAS CASE REFERRED TO						28. PL	ACE OF D	EATH (Che	ack only one)			14/21
SIC	EXAMINER?		HOSPITAL:	ER/Outpatient	3 DOA	OTHE!		e 5 □ 8¢	aldence	6 Other (Specify)			
PHYSICIAN:	27. MANNER OF OEATH		28a. OATE OF I	NJURY	28b. TIM	E OF	28c. INJ	URY AT	I	28d. DESCRIBE HOW	INJURY OC	CURED	
BY F	t Natural 5 P	ending eventigation	(IWORII, DB)	y, rear)	1943	URY		RK?	NO				
ED B	2 Cutatel	ould not be	28e. PLACE OF	INJURY — At	home, farm, a	rtreef, faci	ory, office	1		281. LOCATION (Street	t and Number	r or Rural Ro	oute Number,
1	4 Homicide d	etermined	ounding, e	ic. (opecity)						City or Town, Stell	9)		
7	29a. CERTIFIER (Check only	FYING PHYSIC	AN: To the best of n	ny knowledge.	death occurre	d at the t	Ime date	and place	and due	to the cause(s) and m	anner ee ele	ted	
COMPLET													end mennar ea atated.
	29b. SIGNATURE AND TITLE		1		105				ENSE NUM				
TO BE	1940	VOT	N	MV)			29C. LICE		BER	29d. DAT	il &	Month, Day, Year)
-	30. NAME AND ADDRESS OF									- 41		2	21301
-	31. OATE FILEO (Month, Day, H		OOP S	UM S SIGNATURE	- 1	Neu	nol	095	22	- S Freez	e_ f	Sall	MD21201
	NOV 1 2 19	91 Ju	32. BEGISTRAR	Mandal	2								

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death. Page 6 may be retained by the hospital or attending physic
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 mounts after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Places the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year) NOV 1 2 1991

1. DECEDENT'S NAME (First, Middle, Last) Katherine		Brid	dgland		2. DATE OF DEATH MONTH ()	91	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 105-26-5925	5. SEX 8. AGE (In yrs. lest	birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURA MIN.	7. DATE OF BIRTH		6. BIRTH	HPLACE (State or Foreign YOCK
9a. FACILITY NAME (If not institution, give str College Park			Arnold	OR LOCATION OF D	EATH	9c. coun Ann		rundel
100. THE	Arundel	10g CIT	AGAMA OH FOCK	TION				10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER Par	kway		10	1. ZIP CODE 210	12	109. GT	5.9A	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merried 3 Midowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ABA FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES	MED	If yes, sp	CENDENT OF HISPA Decify Cuben Maxico 3 2 ANO Speci	NIC ORIGIN? (Specify Yea an, Puerto Rican, atc.) fy:	or No—		E — American Indian, ik, White, atc.
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	Completed) (Gh	ve kind of Do NOT u	usual occupati work done during m se retired.) tered Nu	ost of working	Health	Indu		У
17. FATHER'S NAME (First, Middle, Last) Aaron Weinberg					Newman	Surname)		
19a. INFORMANT'S NAME (Type/Print) Mr. Leo Bridglar		216 1	ADDRESS (Street Brunswic	end Number or Rural	Route Number, City or Tow Arnold	n, State, Zip	Code)	D 21012
4 Donation 5 Other (Specify)		Bill Y	s Cemete	T- X		es-Ba	the de Co	4 4 4 4
23. DART I. Enter the diseases, or o shock, or heart failure. I HMEDIATE CAUSE (Final tisease or condition resulting in death) Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants	Masson	OUENCE C	Barran	oda of dylng, au	al Home Se	verna	Pai	Approximata
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A CONSECT.) DUE TO (OR AS A CONSECT.)	DUENCE COUNTY CO	Barran	co Funer	al Home Second as cardiac or responsible.	NAUTOPSY RMED?	Pai	Approximata
Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death)	DUE TO (OR AS A CONSECTION OF TO CONTRIBUTION OF T	DUENCE COUENCE	Barran Pri: In the underlyin 26,1	oda of dying, au Policia Robert Robe	n Part I. 24a. WAS AN PERFO	NAUTOPSY RMED?	Pai	Approximate interval Batwee Onset and Daa
Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated evanta reaulting in death) PART II. Other significant condition August Cause Reference To Medical Examiner?	DUE TO (OR AS A CONSECTION OF THE TOTAL OF T	DUENCE COUENCE	Barran Not anter the m Note: Note:	ode of dying, au Pulling Results Residence SUBHY AT OVER 2 NO	al Home Second accordance or reaper to the second of the s	NAUTOPSY RMED?	Pariest,	Approximata interval Batwer Onset and Das On

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WHO COMPLETED CAUSE OF DEATH (ITEM 27-Phipo, Print)

C-M.D. 1600 (RAIN IN)

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	1	OHS T. 2. 2 Should	-
BALTIMORE, MARYLAND 21215-0020	after death. Page 6 may be retained by the hospital or attending physician,	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit Press 1.2.2 should be the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	en avaminar must be seedlifted at seen
IT VITAL RECORDS, P.O. BOX 68/60,	SICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the fint the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	or item 23 shows any injury or other traumatic event the medical avantage must be seened as asset

	1. DECEDENT'S NAME (First, Middle, La		ARK	IFICATE C		2. DATE O	REG. NO.	al'	EAR 3. T	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 214-32-4057		AGE (In yrs. lest birthde	MONTHS DAY		. 7. DATE OF	F BIRTH Day, Your 21 28		BIRTHPLAC Country)	CE (State or Foreign
	90. FACILITY NAME (If not institution, given by University	ve street and number)		9b. CITY, TOV	TO OR LOCATION OF			COUNTY	of DEATH	ı
	RESIDENCE OF DECEDENT				carion stow					INSIDE CITY
	10e. STREET AND NUMBER				10f. ZIP CODE		109	. CITIZEN	1 OF WHAT	YES 2 NO
	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARMED	13. WAS	217	ANIC ORIGIN?	(Specify Yaa or No	0 14.	U.S.	merican Indian
	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 []		If yea	specify Cuban, Mex YES 2 NO Spe	Ican, Puerto Ric	ean, etc.)		Black, Whi Specify:	Black
	15. DECEDENT'S E (Specify only highest gri Elementary/Secondary (0-12) Secondary	DUCATION ade completed) College (1-4 or 5 +)	(Give kind	r's usual occup. of work done during r use retired.) DMEMAKE	most of working	16b. K	IND OF BUSINES	S/INDUST	TRY	DEOOR
	17. FATHER'S NAME (First, Middle, Last) Herbert Loc	kley			Et	ha El				
	19a. INFORMANT'S NAME (Type/Print) Frances Loc	kley	19b. MAILI 318		et and Number or Rur Ospect					ld. 217
	20a::METHOD OF DISPOSITION 1	emovef from State	20b. PLACE AND DAT	TE OF DISPOSITION	Name of PK	· 1/2/9	20c. LOCATIO	ers	or Town, S	
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	/		AND ADDRESS OF		Номо			
	Mary 6.	Watson	1500	24	tson Fu	el St	Hager	sto	un lu	a 21.74
	23. PART I. Enter the diseases, o shock, or heart failur iMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. List only one cause	ute My	o not antar tha	W.Beth moda of dying, as	el St uch sa cardia Kemic	Hager c or raspirator	sto: y arreat	wn i	Approximata Interval Batwe
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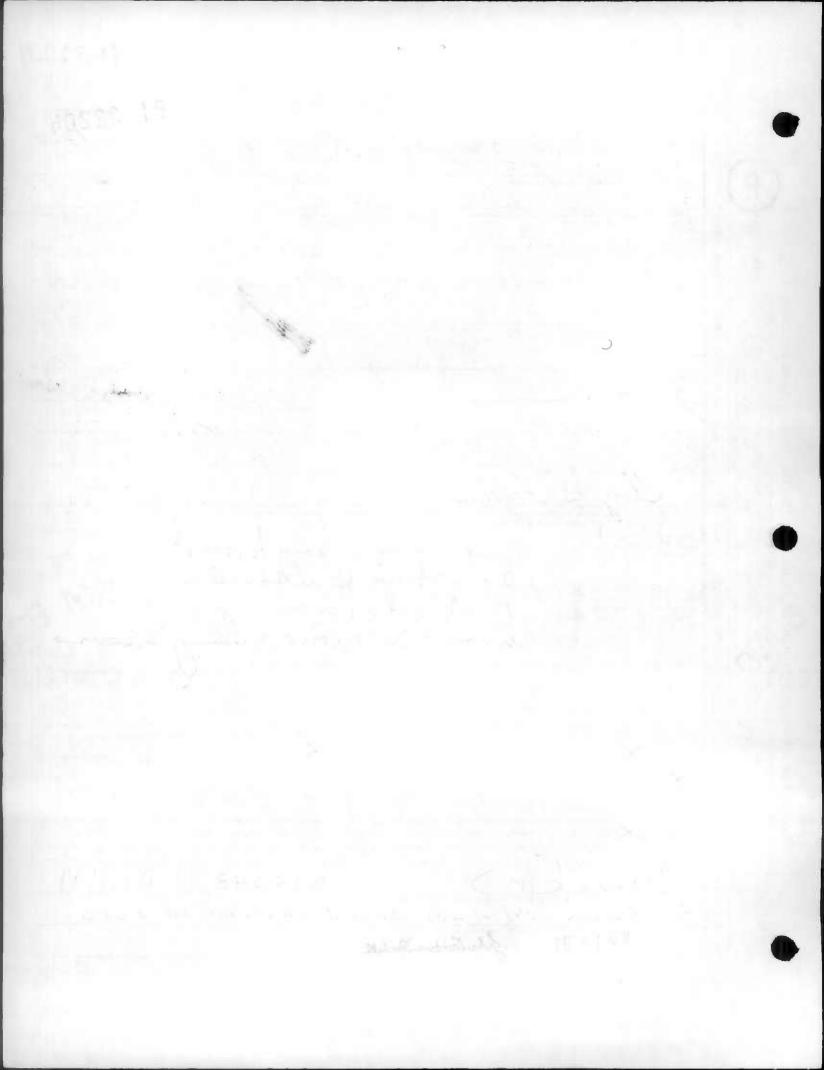
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending phys	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buring by filled in by the funeral director, page 5 should be detached for use as the buring premiser of the complete of the buring premiser.	THE PORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Middle, Las		CERTIF	CATE OF	DEATH	REG. NO	IE).	
	t)				2. DATE OF DEATH	AY YEAR	3. TIME OF DEATH
Ernest-	Rasin	Cole			11 1	1991	12:10
	1 M 2	(In yrs. last birthday)	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Count	HPLACE (State or Foreign (ry)
186-24-1546 9a. FACILITY NAME (If not institution, give	Α Ι Ο	1 YRS.			July 23		MD
				OR LOCATION OF	DEATH	9c, COUNTY OF I	
Memorial H	ospital		East	on		Talb	oot
10a. STATE 10b. COUN		10c. CITY	TOWN OR LOCA	TION			10d. INSIDE CITY
MD	Kent	R	lock Ha	.11			1 X YES 2 NO
10e. STREET AND NUMBER			10	. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
Main Street				21661		USA	A
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER II FORCES? 1 X YES		13. WAS DEC	ENDENT OF HISP	ANIC ORIGIN? (Specify Yacan, Puarto Rican, atc.)	a or No- 14. RAC	E — American Indian, k, White, atc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR D.		1 TYES	2 NO Spec		Spec	elly:
15. DECEDENT'S EC	DUCATION	18a. DECEDENT'S	ISHAL OCCUPATION	OM.	165 KIND OF BU		White
(Specify only highest gra	de completed) College (1-4 or 5+)	(Give kind of w life. Do NOT use	ork done during me	st of working	TOD. KIND OF BU	SINESS/INDUSTRY	
7	conege (1-4 of 5+)	Waterm	an		Seafo	od Deal	or
17. FATHER'S NAME (First, Middle, Last)		Waterin	id II	16. MOTHER'S N	IAME (First, Middle, Maiden		ET
Madison Colem	an			Beat	rice Benr	nett	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a		I Route Number, City or Tox		
Charlotte Co	1eman		same a	s abov	е		
20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Re	movel from State	PLACE AND DATE O	F DISPOSITION (No	me of	DATE 20c. LC	CATION - City or To	own, Stata
4 Donation 5 Other (Specify)	S S	t. Paul	's Cem	eterv	11/3	hestert	own, MD
21. SIGNATURE OF FUNERAL SERVICE I	1			D ADDRESS OF F	ACILITY		
Hary B	tellions		Fel	LOWS-W	ells Fune Street,Ch	eral Hom	ne 21620
IMMEDIATE CAUSE (Final	. List only one cause on e	ach line.	ot enter the mo	de of dying, au	ch as cardiac or resp	iratory arrest,	Approximate interval Betwee Onaet and Dec
disease or condition resulting in death)	a. Chrcine	ma	ot	The	Kidne	1	MON
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Sequentially list conditions,	b. DUE TO (OR AS A	CONSEQUENCE OF	4			}	
if any, leading to immediate cause. Enter UNDERLYING	b. DUE TO (OR AS A	CONSEQUENCE OF):			}	
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DALLIN	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Pag	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dit be filed within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal.	and the second district th
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DIVISION OF VITAL RECORDS, P.O. BOA 13149,	праха	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be fled within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal.	Silven
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		DEPARTMENT OF HEALTH AND RTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	01
	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH
	Mildred Lovell Clark		Nov. 7, 19	91 / p · M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest	MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State of Foreign Country)
	261-43-0482 ¹□м²XF 97	YRS.	Nov 20, 189	
/ c	9a. FACILITY NAME (If not institution, give street and number)	9b. CITY, TOWN OR LOCATION OF I	DEATH 9c. C	OUNTY OF DEATH
1 6	(At Home) Ford's Landing	Millington	1	Q.A.
DIRECTOR	10a. STATE 10b. COUNTY	10c. CITY, TOWN OR LOCATION		10d. INSIDE CITY LIMITS?
	MD Q.A.	Millington		1 TYES 2 NO
3AL	10e. STREET AND NUMBER	10f. ZIP CODE		CITIZEN OF WHAT COUNTRY?
FUNERAL	Rt 1, Box 85-19 11, MARITAL STATUS 12, WAS DECEMENT EVER IN U.S. ARM	21651	ANIC ORIGIN? (Specify Yea or No-	SA - 14. RACE American Indian,
	1 Never Married 2 Married IF YES, GIVE WAR OR DATES	If yes, specify Cuban, Mexic	ean, Puerto Rican, etc.)	Black, White, etc. Specify:
BY	3 X Widowed 4 Divorced	1 TYES 2 XNO Spec	ny.	White
8	(Specify only highest grade completed) (Giv	EDENT'S USUAL OCCUPATION so kind of work done during most of working	16b. KIND OF BUSINESS	INDUSTRY
	Elementery/Secondary (0-12) College (1-4 or 5+)	Do NOT use retired.)		
COMPLET	1. Z 17. FATHER'S NAME (First, Middle, Last)	Homemaker		ome
_			AME (First, Middle, Maiden Sumam	θ)
BE	William F. Lovell 19a, INFORMANT'S NAME (Type/Print) 19b.	MAILING ADDRESS (Street and Number or Rura	ie Harford Boute Number City of Town State	Zin Code)
유	71 7		Millington	
	20a. METHOD OF DISPOSITION 20b. PLACE O	OF DISPOSITION (Name of cemetery, crematory or	20c. LOCATION	- City or Town, State
	1 XBuriel 2 Cremation 3 Removal from State other place 4 Donation 5 Other (Specify)	crumpton Cemet	ery Crum	pton, MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF E		D A 21651
	· Lary B. Fellows		neral Home, ress St. Mi	
	23. PART I. Enter the diseases, or complications that caused the dea			errest, Approximate
N	ahock, of heert fellure. Liet only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) e	the Heart	Arrost	interval Between Oneet and Deeth
CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted evente resulting in deeth) LAST	undrighto.	pulumy	Dizearo
MEDICAL	PART II. Other significent conditions contributing to death but not re	eaulting in the underlying cause given i	1 Part I.	AVAILABLE PRIOR TO
AN	25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATH (Check only one)	
SICI	EXAMINER? 1 YES 2 16 1 Input lent 2 ER/Output lent 3	OTHER:		
PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 1NJURY AT WORK? M 1 YES 2 NO	26d. DESCRIBE HOW INJURY	OCCURED
ETED BY	2 Accident investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At hor building, etc. (Specify)	ne, farm, atreet, factory, office	26f. LOCATION (Street and Nur City or Town, State)	mber or Rural Route Number,
COMPLE	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, des			
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE N	TO48 ≥	DATE SIGNED (Month, Pay, Year)
12	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEN ERIC CIGAREK Medical Bldg	BROWN St. Che	estentown, ma	1. 21620
	31. DATE FILED (MONING) (1991) 32. REGISTRAP'S SIGNATURE Julia Davids	on-Pandell		



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

				IFICATE OF		REG							
	1. DECEDENT'S NAME (First, Middle, Last	Marvin		01	1	2. DATE OF DEAT	DAY	YEAR	3. TIME OF DEATH				
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	4. SOCIAL SECURITY NUMBER		8, AGE (In yrs. last birthd	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRT (Month, Day, Ye		8. BIRTH Country	PLACE (State or Foreign)				
	161-03-8170	1 💢 M 2 🗆 F	79 YR				,1912		MD				
_	9a. FACILITY NAME (If not institution, give	street and number)		96. CITY, TOWN	OR LOCATION OF D	EATH	9c. CO	UNTY OF D	EATH				
ECION	6 Renae Terra	ce Hol	ly Hall	E1kt	on			Cec	i1				
5	10a. STATE 10b. COUN		10c.	CITY, TOWN OR LOCA	TION				10d. INSIDE CITY				
DIR	MD	- 4							LIMITS?				
	MD K	ent_		Kenton	of, ZIP CODE		10a CI	TIZEN OF W	WHAT COUNTRY?				
ERAL	2 COMMERCE	- 54							THE COOKING				
Z I	11. MARITAL STATUS		EVER IN U.S. ARMED	13 WAS DE	19955 CENDENT OF HISPA	NIC OBIGIN2 (Special		USA	— American Indian.				
FUN	1 Never Married 2 Married	FORCES? 1	YES 2 NO	If yes, s	pecify Cuban, Maxic	an, Puarto Rican, al		Black	, White, atc.				
<u>מ</u>	IF YES, GIVE WAR OR DATES 1 ☐ YES 2 ▼ NO Specify:												
3	15. DECEDENT'S EC	DUCATION	18e, DECEDEN	IT'S USUAL OCCUPAT	ION	18b. KIND 0	F BUSINESS/II	NDUSTRY	White				
	(Specify only highest gra	completed) College (1-4 or 5+)	life Do NO	of work done during n T use retired.)	ost of working								
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COMPL	17. FATHER'S NAME (First, Middle, Last)		1 2.0.1	20	1	AME (First, Middle, M							
Ö	Harry G. Clou	gh			Aı	mber Pa	rks						
00	19a. INFORMANT'S NAME (Type/Print)	Δ	19b. MAH	ING ADDRESS (Street				Zip Code)	MD				
ᄋᆘ	Roberta Brow	n						1.00					
	204 METHOD OF DISPOSITION	**	7	6 Renae Terrace, Holly Hall Terrace, Elkt PLACE AND DATE OF DISPOSITION (Name DATE 20c. LOCATION - City or Town, State									
	1 N Burlei 2 Cremetion 3 Removal from Stale 206. DCArlon = 206. PLACE and DATE 206. DCArlon = 206. DCArlon = 206. PLACE and DATE 20												
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	Tremple		AND ADDRESS OF F		remp	revi	Tie, no				
	Ma. 1	1.00			lows Fu		ome P.	A 21	651				
	Day D.	FILLOW	5		W. Cyp								
	23. PART i. Enter the diseasee, o shock, or heart failure	r complications that	ceueed the death. I	o not enter the m	ode of dying, eu	ch es cerdiec or	reepiretory e	erreet,	Approximate				
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	disease or condition	·nul	20 11 15 64	orle	031 P				Ihr				
	readiting in death)	DUE TO (OR AS A CONSEQUENC	E OF):	disease or condition resulting in death) a. Put IND HUNG OF CONSCOURAGE OF:								
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	1. DECEDENT'S NAME (First, Middle, Li RAYMOND	nst)			CHIL	LON		2. DATE (REG. NO.		YEAR	3. TIME OF DE
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER 1 YEAR		7. DATE C	5		91	3:23 PLACE (State or	
	154-44-7079	1 🔀 M 2 🗌 F	39				URS MIN.	(Month, 4-6	-1952		Counto	Jerse
CTOR	9a. FACILITY NAME (If not institution, g. HOLY CROSS	HOSPITA	L				SPRI			9c. COUN		EATN OMERY
RECT	RESIDENCE OF DECEDENT 10a. STATE 10b. COL			10c. CITY	, TOWN OR	LOCATION						10d. INSIDE CI
DIRE	Maryland	Montgome	ry			1	Wheato	n				LIMITS?
ERAL	100. STREET AND NUMBER	Center Hil	1 Street			10f. ZIP		902			U.S.	HAT COUNTRY:
BY FUNER	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDED	NT EVER IN U.S. AR	MED NO	13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yas or No					14. RACE	- American In White, etc.	
ED B	15. DECEDENT'S I	EDUCATION	18a DE	CEDENT'S I	S USUAL OCCUPATION 166. KIND OF BUSINESS/INDUSTRY						Whit	
Ш	(Specify only highest g		rork done dur e retired.)		working	166.	KIND OF BUSIN	NESS/IND	USTRY			
TO BE COMPL	17. FATHER'S NAME (First, Middle, Last) Salvatore Chillon Violet Monticello											
	19a. INFORMANT'S NAME (Type/Print)		ADDDESC (
	Ermina Chillo	4 Pen	ALLING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Pennsylvania Ave. HopeLawn, NewJersey 08861									
	20a, METNOD OF DISPOSITION 1 To Burlai 2 Cramation 3 R	amoval from State	20b. PLACE A	AND DATE O	F DISPOSITI			DATE				
	4 Donation 5 Other (Specify)	LICENSEE			t Cen	eter	ODRESS OF F		Newa	rk, Ne	ew J	ersey
	Marzullo Funeral Service 3981 Carrollton Road Upperco, MD. 21155 23. PART I. Enter the diseasea, pr complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximately and the death.											
	23. PART I. Enter the diseases.	or complications the	ller	eth Do no	398	1 Car	rrollt	Ma on Ro	ad Ilmo	erco	MD	21155
	23. PART I. Enter the diseasea, shock, or heart failu IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. List only one car	use on each line		ot enter th	a mode o	f dylng, au	Ma on Ro	ad Ilmo	erco	MD	
TION	IMMEDIATE CAUSE (Final disease or condition	DUE TO	use on each line	PAL DUÈNCE OF)	ot enter th	a mode o	f dylng, au	Ma on Ro	ad Ilmo	erco	MD	21155 Approximately
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32. REGISTRAR'S SIGNATURE
Julia Savidson-Randelle

31. DATE FILED (Month, Day, Year)

DHMH-16 Rav 1/89

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TO BE COMPLETED BY FUNERAL DIRECTOR

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DIVISION OF VITAL NECONDS, P.O. BOA 00/00,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be det be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at on
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	SP	NE F	Ä
	HO	马春	TA
	THE	THE	90c
	2	2 3	E

10

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE (OF MARYLAND	/ DEPAR	TMENT OF	HEALTH AND	MENTAL	REG. NO.	7	32207
1. DECEDENT'S NAME (First, Middle, Lest) EILEEN MARIE COLB	ERT				2. DATE	of Death	99 4 R	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1 YEAR		7. DATE (OF BIRTH	8. BIRTH	PLACE (State or Foreign
578 34 9225 1 M 2 5	02	YRS.				st 20,192	29 Was	hington D.C.
9a. FACILITY NAME (If not institution, give street and numb				N OR LOCATION OF D			OUNTY OF D	
CALVERT MEMORIAL	HOSPITAL		PRIN	CE FREDE	ERICK		CALV	ERT
10a. STATE 10b. COUNTY		10c. CITY	, TOWN OR LO	CATION				10d. INSIDE CITY
Maryland Calvert		Lus	by					LIMITS?
10e, STREET AND NUMBER				10f. ZIP CODE		10g. (CITIZEN OF V	VHAT COUNTRY?
1000 Goldwest Way				20657	5A			
1 Naver Married 2 X Married FORCES	IF YES GIVE WAD OR DATES			Specify Cuben, Maxic (ES 2 X NO Specific	an, Puarto R	? (Specify Yas or No- lican, atc.)	Black	— American Indian, c, White, atc. White
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4)	(Specify only highest grade completed) (Give kind of					KIND OF BUSINESS	INDUSTRY	
12		anager				retail s	ales	
17. FATNER'S NAME (First, Middle, Last)				18. MOTHER'S NA		hddle, Maiden Surnami		
Ernest Herman Schilke				Mar	y Hel	en Lovela	ace	
190. INFORMANT'S NAME (Type/Print) Jerry M. Colbert		19b. MAILING Same	as #10	et and Number or Rural				
20a. METHOD OF DISPOSITION 1 (X Burlai 2 Cramation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Metery 11/13/91 Washington D.C.								
21. SIGNATURE OF PUNERAL SERVICE LICENSEE				AND ADDRESS OF FA	K	ausch Fu		HOme Lic Maryland
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	VEUMON E TO (OF AS A CONS N C Y TO P E TO (OF AS A CONS ER LI E TO (OF AS A CONS	EDUENCE OF):					Interval Batwaen Onsat and Daath I day 3 Weeks 8 months
PART II. Other algnificant conditions contributing	g tD death but not	t resulting is	tha underly	ing cause givan in		24a. WAS AN AUTOPS PERFORMED? 1 ☐ YES 2 X NO	SY 24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE OF DEATH (Ch	neck only one)		
1 ☐ YES 2 X NO 1 X Inpatiant	2 ER/Outpatiant		OTHER: 4 Nursing N	ome 5 🗆 Realdenca	8 Other	(Specify)		
27. MANNER OF DEATH 1 No Natural 5 Pending 2 Accident Investigation	E OF INJURY offi, Day, Year)	28b. TIME INJU	RY	NJURY AT WORK? YES 2 NO	28d. DESC	CRIBE HOW INJURY	OCCURED	
3 Suicide 28e, PL/	CE OF INJURY — At I ding, atc. (Specify)	nome, farm, at	reet, factory, of	fica	281, LOCA City or	TION (Street and Number Town, State)	ber or Rural R	oute Number,
29a. CERTIFIER (Check only one) 1 💢 CERTIFYING PNYSICIAN: To the bi	eat of my knowledge, of examination and/o	death occurred	at the time, d	ate and place, and dua	to the caus	e(a) and manner as a	stated,	and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI				(Month, Day, Year)
Sc. mellin	PHYSICI	AN		D3696		290. 0	9	(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO COMPLETED			Print)	7 7 1	(1.1 -()	
SCARIA MATHEW, M.				657				
31. DATE FILED (Month., Day, Year) 32. REGH	STRAR'S SIGNATURE							

manufacture and appropriational

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 hould be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. I	10.				
	1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			3. TIME OF DEATH		
	Grover	Cleveland	C	orkran		MONTH 10	26	YEAR Q1	2 50 4 4		
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH			3 · 5 0 A M PLACE (State or Foreign		
	220-12-1096	1 M 2 F	65 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year,		Country)		
	9e. FACILITY NAME (If not institution, give	street and number)	03	95 CITY TOWN	OR LOCATION OF D	11/15			ryland		
œ						EAIH	9c. COUNT	TY OF DE	EATH		
0	Memorial Hos	pital		East	on		Tal	Lbot			
DIRECTOR	10a. STATE 10b. COUNT	TY	10c. CIT	r. TOWN OR LOCAT	TION				10d, INSIDE CITY		
H	Maryland Car	oline		Presto	n	LIMITS?					
	10e. STREET AND NUMBER	011110					1 TES ZXXNO				
RA	Rt. 2, Box	260		101	. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?				
FUNERAL					21655			S.A			
F	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER I		13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify an, Puerto Rican, etc.)	Yea or No- 1	4. RACE	- American Indian, White, atc.		
8	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D	ATES WW I	1 T VEC	2 XNO Speci				White		
		1							***************************************		
1	15. DECEDENT'S EDI (Specify only highest grad	JCATION le completed)	18a. OECEDENT'S (Give kind of w	USUAL OCCUPATION FOR done during more retired.)	ON st of working	16b. KIND OF	BUSINESS/INOU	STRY			
4	Elementary/Secondery (0-12)	College (1-4 or 5+)	Mechar	e retired.)		Auto	Main	+			
Z Z	12th		11001141	110		Auto	main	ren	ance		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Maid					
BE	Grover Cleve	land Corkra	n, Sr.		Elsie	R. Harp	er				
TO E	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	AOORESS (Street a		Route Number, City or 1		Code)			
F	Norma G. Corki	ran				Preston,			5		
	20a. METHOD OF DISPOSITION	206	PLACE AND DATE O				LOCATION - CI	_			
	1 2 Burlai 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State cen	Zion Ce						1sburg MD		
	21. SIGNATURE OF FUNERAL SERVICE LI	ICENSEE	ZIOII CE		ID ADORESS OF FA	14-53 111	. reu	era	Isburg MD		
	0.	- 1		Fram	ntom-H	awkins_F	skow	Fun	eral Home		
	Michael J.	Esteni		PO B	x 43.	Federals	hura	Mn	21622		
	23. PART i. Enter tha diseasea, or	complications that caused	tha death. Do n	ot enter the mo	de of dying, suc	ch as cardiac or ra	piratory arres	st.	Approximata		
	snock, or haart failura.	List only one causa on e	ach iina.		, ,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	• • •	intarvai Batween		
	iMMEDIATE CAUSE (Final disease or condition	110.00	•						Onaat and Daath		
	resulting in death)	a. UROSIYS	5						246-5		
		DUE TO (OR AS A	CONSEQUENCE OF):							
CERTIFICATION	Sequentially list conditions,	b									
F	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OH AS A	CONSEQUENCE OF):							
5	CAUSE (Disease or injury	c.									
=	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):							
8	resulting in death, Dist	d									
	PART II. Other aignificant condition	na contributing to death b	ut not resulting is	a the senderboles		Book I ar was					
EDICAL							ORMEO?	1	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
ă	widely memsin	IIC NON 10	de lias L	Ing he.	-4	1 YES	2 3 NO		COMPLETION OF CAUSE OF OEATH?		
M		/							YES 2 -NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			28. PL	ACE OF DEATH (Ch	neck only one)		-			
SIC	EXAMINER?	HOSPITAL: 1 Impatient 2 ER/Outp	atlent 3 DOA	OTHER:	5 Deeldoon	8 Other (Specify)					
Ŧ	27. MANNER OF OEATH	28e. DATE OF INJURY	28b. TIME			28d. DESCRIBE HOW	/ IN ILIBY OCCU	DED			
	1 Natural 5 Pending	(Month, Day, Year)	INJU	JRY WO	RK? ES 2 NO	and, DESCRIBE NOT	I INJUNT OCCU	MED			
B	2 Accident Investigation	28. BLACE OF IN HIDY									
	3 Suicide 8 Could not be determined	28a. PLACE OF INJURY building, atc. (Spec	f(y)	reet, rectory, offici		281. LOCATION (Stree City or Town, Sta	it and Number or le)	Rural Ro	ute Number,		
ᇤ											
4	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the beat of my knowl	edge, daath occurre	d at the time, data	and pleca, and due	to the ceuse(a) and m	enner ae steted				
COMPL		ER: On the beals of examination							and manner as stated.		
	296. SIGNATURE AND TITLE OF CERTIFIE	2//									
8	211.1110	11			29c. LICENSE NUI	MBER	29d. OATE S	SIGNED (Month, Day, Year)		
2	30 NAME AND ADDESS OF THE	D m here			1 >17	66	1/0	1/26	191		
	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE OF DE	~ /	Print)	,	1 1	0		1/2/		
	Ludwig J. Egls	coth 44 m	1) 60,	5 OUT	chman	i Lant	CAIR	DNI	md 2/68/		
	31. OATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN									
- 1	111/511/47	Rudan	n-Randell								

4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 15 UNDER 1 YEAR 15 UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 0.7 18 1910 90. FACILITY NAME (If not institution, give street end number) 90. CTY, TOWN OR LOCATION OF DEATH 90. COUNTY	s. BIRTHPLACE (State or Foreign Country) Maryland
4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthdey) 9. FACILITY NAME (If not institution, give street end number) 9. FACILITY NAME (If not institution, give street end number) 9. CITY, TOWN OR LOCATION 10. STATE 10. COUNTY 10. CITY, TOWN OR LOCATION 10. CITY, TOWN OR LOCATION	Maryland
218-09-0958 LEW 2 F 8/ YRS. MONTHS DAYS HOURS MIN. (Morith, Dey, Year) 07 18 1910 96. FACILITY NAME (If not institution, give street end number) Arma Armadel Medical Center Annapolis RESIDENCE OF DECEDENT 106. STATE 106. COUNTY 106. CITY, TOWN OR LOCATION 107. PROPERTY OF DECEDENT	Maryland
90. FACILITY NAME (If not institution, give street end number) 90. CITY, TOWN OR LOCATION OF DEATH Anna Arundel Medical Center Annapolis RESIDENCE OF DECEDENT 100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION	
Anne Arundel Medical Center Annapolis Am RESIDENCE OF DECEDENT 100. STATE 106. COUNTY 106. CITY, TOWN OR LOCATION	
RESIDENCE OF DECEDENT 106. STATE 106. COUNTY 106. CITY, TOWN OR LOCATION	
10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION	ne Arunde,
Florida Pasco Zephyrhills	Land makes some
riorida rasco Zephyrmins	10d. INSIDE CITY LIMITS?
	1 YES 2 NO
	EN OF WHAT COUNTRY?
6107 Diagrant Street 33599 II	S.A.
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No.	14. RACE — American Indian.
	Black, White, atc. Specify:
3 Wildowed 4 Divorced	Caucasian
15. DECEDENT'S EDUCATION 16. OECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDU	
(Specify thiny ingrees grade completed) (Care with one of thing those of working)	110
Elementary/Secondary (0-12) College (1-4 or 5+) 7 Vrs None Automobile service Repair & M	
7 vrs None Automobile service Repair & No. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surreme)	Maintenance
George Nathaniel Collins Josie Ferguso	
19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip	code) 33699
Rosa V. Collins 6107 Pleasant Street, Zephyrhi	lls, Fla.
20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name DATE 20c. LOCATION — C	Sty or Town, State
1 Burlet 2 Cremetion 3 Removal from State of cemetary, crematory or other place) 4 Donetion 5 Other (Specify) Spring Hill Cemetery 11/11 Easton,	Marvland
21. SIGNATURE OF FUNERAL SERVICE LICENSIES 22. NAME AND ADDRESS OF FACILITY	TIGE / Lana
Moore Funeral Home, P.A	i •
Drawer B, Denton, Maryl	and 21629
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cerdisc or respiratory erre	
shock, or heert fellufe. Liet only one cause on each line.	Interval Betw
IMMEDIATE CAUSE (Finel disease or condition	0.1001 0.114 0
disease or condition e. Out of the many and the disease or condition of the many and the disease or condition of the many and the many and the disease or condition of the many and the man	
Sequentially liet conditions, Due to (or as a consequence of):	
If eny, leeding to immediate	
CAUSE (Disease or Injury	
that initiated events OUE TO (OR AS A CONSEQUENCE OF):	
Sequentielly liet conditione, if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Diseese or Injury that initieted events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. OUE TO (OR AS A CONSEQUENCE OF): d. Support the conditione, if each of the conditione, if events are consequence of the conditione, if events are conditioned are consequence of the conditione, if events are conditioned are conditi	
The man of the section of the sectio	Tan week weeks
PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 2000	24b. WERE AUTOPSY FINDS AVAILABLE PRIOR TO
1 U YES 2 XMO	DF DEATH?
×	1 TYES 2 NO
25 WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)	
EXAMINER? HOSPITAL: OTHER:	
	NIDED.
Month, Day, Year) INJURY WORK?	UNEO
M 1 YES 2 NO	
3 Suictde 6 Could not be 28s. Location (Street end Number building, stc. (Specify)	or Rural Route Number,
LL 4 Homicide determined	
29e. CERTIFIER	
(Check only 1 Centre Time Prinsicians: 10 the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as state	
2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the	e ceuse(s) end menner as stat
296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE	E SIGNED (Month, Day, Year)
	11/6/9,
	/ 6 6 6
0 3000	
P 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	
133649	

BALTIMORE, MARYLAND 21215-0020

1 - STA		STATE OF MAR	YLAND / DEPAF Certif				MENTA	REG. NO.			
	PENT'S NAME (First, Middle, Last)	oner					2. DATE MONT			YEAR 91	1:30 AM
	L SECURITY NUMBER		GE (In yrs. last birthday)	IF UNDER 1		IF UNDER 24 HRS.	7. DATE	OF BIRTH		BIRTHPL	ACE (State or Foreign
14	8-18-2755	1 M 2 D F 8	3 2 YRS.	MONTHS	DAYS	HOURS MIN.	3-	th, Day, Year) -13-09	1	Dor (chester C
	ITY NAME (If not institution, give s	street and number)		9b. CITY,	TOWN O	R LOCATION OF	DEATH		9c. COUNT	Y OF DEA	тн
Me	eridian - Th	ne Pimes			Eas	ton, M	D			Tall	oot
RESIDE	ENCE OF DECEDENT										
Mars		lbot	10c, CI1	10c. CITY, TOWN OR LOCATION							Od. INSIDE CITY LIMITS? YES 2 NO
11017	EET AND NUMBER	DOL		Easton 101. ZIP CODE					1 fg. CITIZEN OF WHAT O		
11	10 Blake Stree	+			101.		.1				
<u> </u>	11. MARITAL STATUS Never Married 2 Married S Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES			21601				N2 (Specify Year	or No 1	USA	- American Indian.
m 3 ☑ Wid				NO If yes, specify Cuban, Mexican, Pu						Black,	Black
	15. DECEDENT'S EDU (Specify only highest grade	(CATION	16a. DECEDENT'S	S USUAL OC work done di			16	b. KIND OF BUSI	NESS/INDU	STRY	
Eleme	entary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT L	use retired.)	uring inoc	it of working					
Seco	ondary		Labor	er				John 1	Noble		
Ŏ	ER'S NAME (First, Middle, Last)	PROPERTY.				16. MOTHER'S I	IAME (First,	Middle, Malden S	urname)		
<u> </u>	Samuel A. Gibs	on						DeShiel		111	
O II INTO	DRMANT'S NAME (Type/Print)		1 - 1 - 100			nd Number or Rura	I Route Nur	nber, City or Town,	State, Zip C	ode)	
Va	ıltina Sulliva	n	110	Blake	St	reet, E	astor	1, MD.	21601		
20a. MET 1 X Buri	HOD OF DISPOSITION iel 2 ☐ Cremetion 3 ☐ Raπ	novel from State	20b. PLACE AND DAT	y or other pla	SITION ace)		1		ATION CI		
	nation 5 Other (Specify)		of competary, cremator Richards	on Ce	emet	ery	10/19	9/91 Ea			
21. SIGNA	ATURE OF FUNERAL SERVICE LI	CENSEE	-			D ADDRESS OF		Bennie	Smit	h Se	rvices
					P.0	. Box 9	28, I	Hurlock:	, MD.	216	43
Sequent of any, I cause. CAUSE that initial	ntially list conditions, leading to immediate Enter UNDERLYING (Disease or injury tiated events in indicate in ind	b. Atheros. DUE TO (OR.	AS A CONSEQUENCE OF THE PROPERTY OF THE PROPER	OF):	asc	ular o	lise	«S(
PART II	Serzurca	na contributing to dear	th but not resulting	In the un	derlying	cauae given	In Part I.	24a. WAS AN / PERFORI	MED?	1	WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE
	2012,10	710012						1 [] YES 2	₩ NO		OF DEATH?
- E							_				I TYES 2 NO
Z June	CASE REFERRED TO MEDICAL					100 05 05 15111	Ob a state of	1			
O EXAM	MINER?	HOSPITAL:		OTHER	R:	ACE OF DEATH (•		
27 MANN	YES 2 M NO	1 Inpatient 2 ER/		1	28c. INJ	e 5 Regidenc	_	ESCRIBE HOW IN	IIIIIIV OCCI	IDED	
	Natural 5 Pending	(Month, Day, Ye		JURY		RK7	200.0	LOCKIDE NOW III	SONT OCC	MED	
3 3 3	Accident Investigation Suicide 8 Could not be detarmined	JURY — At home, farm. (Specify)	, atreat, facto				CATION (Street at y or Town, State)	nd Number o	r Rural Ro	ute Number,	
29a. CER (Chec one)	ick only	SICIAN: To the best of my I									and manney as stated
8	~			and the O	paritori, C			and prece, and			
O BE	HATURE AND TITLE OF BEINTER	in my				039	74°	7	29d. DATE	SIGNED (Month, Pay, Year)
	e and address of person w	HO COMPLETED CAUSE OF	SO3	Outc	l-	ans /	ent	Fa	ston	r	-0
31. DATE	FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE 70	.00							



FOR STATE REGISTRAR

	1. DECEDENT'S NAME (First					IOAIL	<u> </u>	DEATH		TE OF DEATH).	YEAR	3. TIME OF DEATH	
	John 4. SOCIAL SECURITY NUM	Lewi		obbs					1	0 1.	3	91	6:40 P	
X			5. SEX	6. AGE (In yrs.	· last birthday) YRS.	IF UNDER 1	YEAR DAYS	HOURS MI		TE OF BIRTH onth, Day, Year)		8. BIRTH Count	HPLACE (State or Foreign	
	057-14-45		43	74	rns.	ab CITY	COMPL C	D I OCATION O	Ser	t. 10,	1917	Wash	ington D.C	
15	Memorial		ospital			96. CITY, TOWN OR LOCATION OF DEATH Easton Talbot								
DIRECTO	RESIDENCE OF DECEDENT						Easton Talbot							
프		10b, COUNT	Υ		10c. CIT	Y, TOWN OR	TOWN OR LOCATION 10d. INSIDE CITY LIMITS?							
	MO. 100. STREET AND NUMBER		1bot			Sc. 1	. —			1 TES 2				
RA	24490 Tr	i a a Ti	- 7 - CI				101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?							
FUNERAL	11. MARITAL STATUS	rce FI	12. WAS DECEDER			13. W	AS DEC	21663 ENDENT OF HIS	PANIC ORI	GIN? (Specify Ye	e or No-	II C	E American Indian,	
8	1 Never Merried 2 Merried FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES X					10	yes, sp	2 NO S	xican, Puer	to Rican, atc.)		Speci	k, Whita, etc.	
COMPLETED	15. DE (Specify or	CEDENT'S EDU	JCATION completed)	16a.	DECEDENT'S	vork done du	UPATIC	on st of working		66. KIND OF BU	SINESS/IN	DUSTRY		
Ë	Elementary/Secondary (0-12)	College (1-4 or 5	+)	(Give kind of work done during most of working life. Do NOT use retired.)									
OMCE.	12 17. FATHER'S NAME (First, I	Airdelle I ==A1	6yrs		Ē	Editor				Mc Graw Hill				
			18. MOTHER'S NAME (First, Middle, Maiden Surname)											
1 144 1	John Lev		obs		10h MAII INC	ADDRESS (Chanada	Jessi		Ware Imber, City or Tov				
TO B														
2	Phyllis Cobbs 24490 Trice Fields Ct St Michaels Md. 208. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Nama of DATE 20c. LOCATION — City or Town, State											Md 2		
200	4 Donetton 5 Other (Specify) I Lee Crematory Oct. 14. 91 Clinton Md													
	21. SIGNATURE OF FUNER	AL SERVICE LI	CENSEE		7		ME AN	D ADDRESS OF			<u> </u>	ACOIT,		
CAGILLIE	Henris	in E	Leon	mil						eonard				
200	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such ee cerdiec or respiratory errest, shock, or heart feliure. List only one ceuse on eech line.													
	IMMEDIATE CAUSE (Final Onset and Death													
all t	disease or condition resulting in deeth) e. Margural hyperphones													
	DUE TO (OR AS A CONSEQUENCE OF):													
	Sequentielly list conditione, b.													
CERTIFICATION	if any, leeding to imme ceuse. Enter UNDERLY	diete	DUE TO	(OR AS A CON	SEOUENCE OF):								
TIFIC	CAUSE (Disease or Injuthat initiated events		c	(OR AS A CON	SEQUENCE OF):								
RTI	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST													
	PART II. Other significent conditions contributing to deeth but not recuiting in the underlying ceuse given in Part f. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS													
CAL	PART II. Other signification				ot recuiting i	n the unde	erlying	ceuse given	in Part f.	24a. WAS AN PERFOI		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
	12001	000	0:11	10/2016	7 -			6		1 TYES	NO		COMPLETION OF CAUSE OF DEATH?	
: MEC	1	7/10	11014	Tare +	100	1	16	A f					1 YES 2 NO	
A S	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)													
SICI	EXAMINER?		HOSPITAL:) FO/O 4==41	0 0 000	OTHER:								
Н	27. MANNER OF DEATH		28a. DATE OF	INJURY	28b, TIMI		g Home	5 Realden	-	har (Specify) ESCRIBE HOW	N.IURY OC	CURED		
BY PF	1 Natural 5 2 Accident	Pending Investigation	(Month, D	ray, Year)	INJ		WOR							
2 0	3 Suicida 8	Could not be	28e. PLACE O	F INJURY — At etc. (Specify)	homa, term, e	traet, factory	, office		28f. L	CATION (Street	and Numbe	r or Rural R	loute Number,	
	4 Homicide	determined	Junuarity,	(opoutry)					C	ty or Town, State)				
	29a. CERTIFIER (Check only	FIFYING PHYS	CIAN: To the best of	my knowledge,	death occurre	d at the time	, date	and place, end	due to the d	ause(a) and me	nner se ats	ted.		
COMPL	one) 2 MED	ICAL EXAMINE	R: On the beals of e	xemination end/	or Investigation	n, in my opi	olon, de	eath occured at	the time, di	its and place, en	d due to t	ha cause(a)	and manner se stated.	
Ш	296. SIGNATURE AND JITLE					\		29c. LICENSE					(Month, Day, Year)	
O BE CO	12 4	Th	000	1	MI)		100	571	3	>	10/1	4/19/	
T	30. NAME AND ADDRESS O	F PERSON WH	O COMPLETED CAUS	OF DEATH (I	ТЕМ 27) (Туре.	Print) E	45	TON	1	10/ -	216	8/		
	31. DATE FILED (Month, Day,		32. REGISTRA	Paydon	70. J. N			/				*		
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificat	FUNERAL OIRECTOR: After this certificate has been signed by the attending phys within 72 hours after death with the State Dept. of Health and Mental Hygiene p
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0	Theodore			Com	20011			2. DATE OF DEATH	AY O	YEAR 3.	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX	Slaughter Councell SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UND		L				YEAR	11:25 p		
	214-36-5257	1 XM 2 F	86	YRS.	MONTHS DAYS		MIN.	7. DATE OF BIRTH (Month, Day, Year)		Country)	ACE (State or Foreign	
	9a. FACILITY NAME (If not institution, give		00		9b. CITY, TOWN	10010047	011 05 05 11	4-23-190		Mary		
B							ON OF DEAT	тн	9c. COUNT			
DIRECTOR	RESIDENCE OF DECEDENT	lospital		1	Las	ton			Talbot			
RE	10e. STATE 10b. COUN				, TOWN OR LOC	CATION				10	d. INSIDE CITY	
	Maryland Talb	ot		East	ton					1	LIMITS?	
RAL	10e. STREET AND NUMBER					101. ZIP COD			10g. CITIZE	N OF WHA	T COUNTRY?	
FUNER	9712 Three Bridg					2160)1		USA	1		
BY FU	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS OECEDENT FORCES? 1 IF YES, GIVE W	YES 2 X	RMED NO	If yes,	Specify Cuba	in, Maxican,	ORIGIN? (Specify Yas Puarto Rican, atc.)	or No— 1	4. RACE — Black, W Specify:	American Indian, thite, atc. White	
ED	15. DECEDENT'S ED	DUCATION	18a, D	ECEDENT'S	USUAL OCCUPAT	TION		16b. KIND OF BUS	SINESS/INDUS	STRY	Willee	
ET	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +		Give kind of w b. Do NOT use	ork done during r e retired.)	most of working	ng			J 1111		
MPL	8			Farme	er							
COMPL	17. FATHER'S NAME (First, Middle, Last)			-		18. MOTI	HER'S NAME	(First, Middle, Malden	Sumame)			
BE	Thomas Henry	Councell				C	ecelia	M. Slaug	ghter			
5	19a. INFORMANT'S NAME (Type/Print)							ite Number, City or Town				
	Clotilda S. Counce	еп	9	712 T	hree Br	idge E	Branch	Rd., East	on, Ml	D 216	01	
	20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Re	moval from Stata	20b. PLACE cemetary, cri	AND DATE O	FDISPOSITION (I	Nama of		DATE 20c. LO	CATION — CH	ly or Town,	State	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	10ENOEE	St. Je	seph's	Cemet	orv		10-16 Cord	lova, N	MD.		
	21. SIGNATURE OF PUNERAL SERVICE (ICENSEE						al Home				
	NOHN K	Z. MET	RERO					St., Easto	n MD	2160	11	
	23. PART I. Enter the diseases, or	complications that	coused the di	eeth Do no	ot enter the m	node of dyl	ng, such	es cerdiac or respi	ratory erres	t,	Approximate	
	shock, or heart failure IMMEDIATE CAUSE (Finel	. Clat brily brie ceut	se on each line	0	1 4		C	~			Intervel Between Onset and Deeth	
	disease or condition resulting in death)	· CV	Itica	X	twy.	`c '	VV	Duosis			Years	
		DUE TO (OR AS A CONSE	OUENCE OF):							
N	Sequentially list conditions,	b									7	
ATI	if eny, leading to immediate ceuse. Enter UNDERLYING	DUE TO (OR AS A CONSE	OUENCE OF):							
FIC.	CAUSE (Disease or Injury	c. OHE TO	OR AS A CONSE	OUTNOT OF								
CERTIFICATION	that initieted events resulting in deeth) LAST	502 10 (OH AS A CONSE	OUENCE OF):							
CEI		d										
	PART II. Other significent condition	ons contributing to	deeth but not	resulting in	the underlyle	ng ceuse g	iven in Pe				RE AUTOPSY FINDINGS	
EDICAL								PERFOR		CO	MLABLE PRIOR TO MPLETION OF CAUSE	
WE								101232	(E) 110		DEATH? YES 2 NO	
								0 18 740		1 '] 153 5 110	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				28. F	PLACE OF DE	EATH (Check	only one)		1		
Si	1 TES 2 NO	HOSPITAL:	ER/Outpetlant 3		OTHER:	ma 5 ☐ Rea	aldenca 8	Other (Specify)				
PHYSICIAN:	27. MANNER OF BEATH	28a. DATE OF II (Month, Day	NJURY (. Year)	28b. TIME INJU	OF 28c. IN	JURY AT		8d. DESCRIBE HOW IN	JURY OCCUP	RED		
BY	1 Netural 5 Pending 2 Accident Investigation		, , , ,		44	YES 2	NO					
0	3 Suicide 8 Could not be	28e. PLACE OF building, e	INJURY — At ho tc. (Specify)	me, tarm, st	reet, factory, offi	lca	21	of LOCATION (Street a	nd Number or	Rural Route	Number,	
ETE	4 Homicide datarminad							City or Town, State)				
7	29a. CERTIFIER (Check only 1 CERTIFYING PHYS	SICIAN: To the best of n	ny knowledge, da	ath occurred	st the time, det	a and place	and due to	the cause(a) and man	ner an eteted			
S O	one) 2 MEDICAL EXAMIN	ER: On the beals of exa	mination and/or	Investigation	, in my opinion,	death occure	ed at the tim	e, data and place, and	dua to the c	ause(a) an	d mannar as stated	
COMPL	29b. SIGNATURE AND TITLE OF CERTIFIE		11	1		,						
- 11		/_ 1	Hero	4/2	m				29d. DATE S	U -	nth, Day, Year)	
BE	Thomas W. Law Heroy & no D15315											
m II	30/NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE	OF DEATH (ITE	M 27 (Type)	Print)		10010				1/	
BE	30/NAME AND ADDRESS OF PERSON WITHOUTH										- //	
BE	30, NAME AND ADDRESS OF PERSON WITHOUT THOMAS W. Faunt 31. DATE FILED (Month, Day, Year)		463 Mar								- //	
BE	Thomas W. Fauntl	eroy, Jr.,	463 Mar	vel C								

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

	1. DECEDENT'S NAME (First, Middle, La. EDNA	LEANET	TE	COLON	NA		монтн	OF DEATH	9 19	9E1R	3. TIME OF DEATH 6:40 A
	4. SOCIAL SECURITY NUMBER 220-28-0946	5. SEX 1			UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE 0 (Month, 7 – 1	F BIRTH Day, Year) 9-19:		Country	IPLACE (State or Foreign
TOR	90. FACILITY NAME (If not institution, given PENINSULA G	ENERAL HO	OSPIT			OR LOCATION OF	DEATH		9c. COUN	TY OF D	
DIREC	Md . Wi				OWN OR LOCA						10d. INSIDE CITY LIMITS?
ERAL	311 E. Colleg					21801				EN OF W	1 XYES 2 ☐ NO WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2	€ NO	It yes, st	CENDENT OF HISPA pecify Cuben, Mexic S 2 X NO Spec	en, Puerto Ric	(Specity Yee cen, etc.)		14. RACE Black	— Amarican Indian, whita, atc.
PLETED	15. DECEDENT'S E (Specify only highest gra Elementary/Secondary (0-12)	DUCATION ade completed) College (1-4 or 5+)		DECEDENT'S USU (Give kind of work life. Do NOT use ret Checke	done during maired.)	ION ost of working		CIND OF BUS		JSTRY	
COMPL	17. FATHER'S NAME (First, Middle, Last)	- Gi	1	CHECKE	1	18. MOTHER'S N	AME (First, Mic			et	
TO BE	Charles Thoma 190. INFORMANT'S NAME (Type/Print)		gnam			Mary end Number or Rural		r, City or Town			
	C. Thomas Col 20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Re 4 Donetion 5 pther (Specify)			5606 W CEAND DATE OF DI cremetory or other p	SPOSITION (N	h St.,	LOS		es. CATION — CI		
FICATION	Secretar	~ / 00	WKC	See le	Boun	ds Fun	eral	Home	, S	ali	charmer I
	23. PART I. Enter the diseases, o ahock, or heart felluring in the condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. List only one caus DUE TO ((OR AS A CON	iina.	enter tha mo	oda of dying, aud	ch aa cardis	c or respir	ratory srre	at,	Approximata Intarval Batw
MEDICAL CERTIFI	immeDiATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events	a. List only one caus a. DUE TO (c DUE TO (c d.	OR AS A CON	SEQUENCE OF): SEQUENCE OF):	neter tha mo	oda of dying, aud	ual	c or respir	AUTOPSY MED?	24b.	Approximata Interval Batw Onset and Da WERE AUTOPSY FINDIN AMAILABLE PRIOR TO
SICIAN: MEDICAL CERTIF	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? XIX YES 2 NO	a. List only one caus a. DUE TO (c DUE TO (c d.	OR AS A CON	SEQUENCE OF): SEQUENCE OF): SEQUENCE OF): Ot resulting in the	enter tha mo	oda of dying, aud	Part i. 2	48. WAS AN A PERFORM	AUTOPSY MED?	24b.	Approximata Interval Batw. Onset and Da Onset and Da WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION DF CAUS. OF DEATH?
Y PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificant conditions.	a. List only one cause a. DUE TO (c b. DUE TO (c d. One contributing to d HOSPITAL: (Month, Dey, 1 1 0 8	DR AS A CONSTRUCTION OF AS A C	SEQUENCE OF): SEQUENCE OF): SEQUENCE OF): Ot resulting in the control of the c	28. PI HER: Nursing Hom 28. I Nursing Hom 28. I Nursing Hom 1 1	g cause given in LACE OF DEATH (C) 10 5 Reeldence 10 10 17 17 17 17 17 17 17 17 17 17 17 17 17	Part i. 2	48. WAS AN A PERFORM	AUTOPSY MED?	24b.	Approximata interval Batwo Onset and De
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PLETEU BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? XIX YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigations investigations investigations and investigations of the conditions investigations are conditions. In the conditions investigation and investigations are conditions in the condit	a. List only one caus a. DUE TO (c b. DUE TO (c c. DUE TO (c d	DR AS A CONDOR AS	SEQUENCE OF): SEQUENCE OF): SEQUENCE OF): SEQUENCE OF): Ot resulting in the sequence of th	enter tha mo	g cause given in LACE OF DEATH (C) 10 5 Residence SURY AT ORK? YES 2X NO	Part i. 2 1 2 Other (: 28d. DESCF 28f. LOCATI City or S A	Specify) RIBE HOW IN. HOU ION (Street and Total Table) SB (s) and mann	AUTOPSY MED? NO NO NO NO NO NO NO NO NO N	24b. 24b. RE MAR	WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION DF CAUS OF DEATH? 1 SAYES 2 NO
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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+	Pages V
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	FE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Yours after death. Page 6 may be retained by the hospital or attending physician. E. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages of within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

_	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIFI	TMENT CATE	OF HEALT	H AND	MENTAL HYGI REG.		02214
	1. DECEDENT'S NAME (FIRST, MICHO), LE	cil Court	Neu				2. DATE OF DEATH		YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 216 09 0526	1 X M 2 🗆 F	(In yrs. last birthday)		DAYS HOUR		7. DATE OF BIRTH (Month, Day, Year 12-28-)	BIRTHPLACE (State or Foreign Country)
ECTOR	90. FACILITY NAME (If not Institution, of Harford M. RESIDENCE OF DECEDEN	emorial Hosp	pital	HOW	LG AL	C GV	HTA	9c COUNT	POCD
DIREC	10e. STATE 10b. CO	1	10c. CITY, TOWN OR LOCATION Havre de Grace						
FUNERAL	100. STREET AND NUMBER 1006 Gracevi	ew Drive			10f. ZIP C				1X YES 2 □ NO N OF WHAT COUNTRY? USA
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 17 YES IF YES, GIVE WAR OR	IN U.S. ARMED 3 2 NO DATES # 2	11	S DECENDEN	OF HISPAI	NIC ORIGIN? (Specify in, Puerto Ricen, etc.)	Yee or No- 14	RACE — American Indian, Black, White, etc. Specity:
LETED	15. DECEDENT'S (Specity only highest of Elementary/Secondary (0-12)	EDUCATION	16a. DECEDENT'S I (Give kind of w life. Do NOT use	ork done du	UPATION ring most of wo	rking	18b. KIND OF	BUSINESS/INDUS	STRY
COMPL	17. FATHER'S NAME (First, Middle, Last		Sec/T	reas		THER'S NA	Ba ME (First, Middle, Mel	nking	
TO BE (Charles Cour	tney					e Lemp1		
	Sarah Pattit 20e. METHOD OF DISPOSITION 1	Removal from Stata C6	b. PLACE AND DATE Of the service of	P DISPOSIT per plece) i 1 1 22. N/	ME AND ADDI	11-1 TESS OF FA	DATE 20c.	avre d	e Grace, M
ERTIFICATION	23. PART I. Enter the diseases, shock, or heart fails immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST	a. Due to (or as Due to (or as C.	A CONSEQUENCE OF	ted	av	yc. I	y as cardiac orre	spiratory arres	t, Approximata Interval Batw Onset and Do
MEDICAL C	PART II. Other significant condi	tions contributing to death	but not resulting ir	tha unde	rlying cause	givan in		AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUS DF DEATH? 1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	26. PLACE OF				
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 2	c. INJURY AT WORK?		8 Other (Specify) 28d. DESCRIBE HO	W INJURY OCCUP	RED
ETED E	2 Accident Investigation 3 Suicide 8 Could not be determined 4 Homicide Sec. (Specify) Specify Speci								Rural Route Number,
COMPLE	29e. CERTIFIER (Check only one) 2 MEDICAL EXAM	IYSICIAN: To the best of my know	wiedge, death occurred on end/or investigation	at the time	, date end plea	ce, end due	to the ceuse(e) end of	menner se stated.	euse(e) end menner es stated
TO BE	296. STONATURE AND TITLE OF CENT	ry			29c. LI	CENSE NUM	BER	294. DATE 5	12/9/
	30. NAME AND ADDRESS OF PERSON	nement	1016	"in" A	rels	ond	hely	Arm.	parois
	NUV 13 91	32. REGISTRAT'S SIGN							

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained to	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 29 is morked or item 22 shows one interest or other fraumotic areas the moralises are need to
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	B	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fibe filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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	1. DECEDENT'S NAME (First, Middle, Last)	8/			007			П	2. DATE OF DE	EATH DAY		YEAR	3. TIME OF DEATN
H	Bertha 4. SOCIAL SECURITY NUMBER	5. SEX	larie			TRI		_	11	1/	19	191	1245
	217-10-2824	1 🗆 M 2 💢 F	73	s. last birthday) YRS.	MONTHS D	-	OURS M	RS. IN.	(Month, Day, NOV.2/	7,191	7	Countr	PLACE (State or Fore
	9e. FACILITY NAME (If not institution, give :				gb. CITY, TO	WN OR L	LOCATION					INTY OF D	
	Washington Coun	ty Hospi	tal		Hag	erst	town				WAS.	HING.	TON
	10e. STATE 10b. COUNT			10c. CIT	Y, TOWN OR L	OCATION	V.						10d. INSIDE CITY
HL.		ington		Há	agerst	own							LIMITS?
	10e. STREET AND NUMBER					10t. ZIF	P COOE				t0g. CIT	IZEN OF W	VHAT COUNTRY?
	15 Madison Ave.	Las uno process					2174					USA	4
1	t Never Married 2 Merried		YES 2	⊠ NO	It ye	s, specify	y Cuban, M	exicsn,	ORIGIN? (Spe Puerto Ricen,	etc.)	r No—	Black	— Americen Indian c, White, etc.
	3 🕅 Widowed 4 🗌 Divorced	IF YES, GIVE	MAN ON DATES		1 10	YES 2	X) NO S	pecify:				Whit	
	t5. DECEOENT'S EDU (Specify only highest grade	CATION completed)	180	Give kind of v	USUAL OCCU	PATION or most of	f working		16b. KIND	OF BUSIN	NESS/INC		
	Elementary/Secondary (0-12)	Cottege (1-4 or 5			se retired.)						0	,	/
H	17. FATNER'S NAME (First, Middle, Last)			Clerk		1.0						pply/	/Hospital
	James	G.		Henry		18		ert	E (First, Middle, ha	Maiden Su	imame)		Young
1	19a. INFORMANT'S NAME (Type/Print)				ADDRESS (SI	reet and A			ute Number, City	y or Town	State, Zin	Code)	roung
	Rose M.Brelsford								agerst)
	20a. METHOD OF DISPOSITION 1 C Burlal 2 □ Cremetion 3 □ Ram	oval from State	20b. PLA	CEANDDATEC	OF DISPOSITIO	N (Name o	of		OATE	20c. LOCA	TION -	City or To	wn. State
1	4 Donetion 5 Other (Specify)	1	Gree	en l'awn"	Memor	ıal	Park	11/	14/91	Will	iams	sport	,MD 2179
100													
	23. PART I. Enter the diseases, or	complications that	at caused tha	death. Do n	P.0	. Box	(#3	48	HOME Willia	mspo	rt,	MD 21	
	23. PART I water the diseases, or nock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications the	Jaa on aach	lina.	P.0	BOX	of dylng,	48 such	Willia as cardiac o	mspo	rt, l	MD 21	Approximate interval Battona Conact and Cona
	23. PART I Inter the diseases, or mock, or heart failure. IMMEDIATE CAUSE (Final disease or condition	a. OUE TO	(OR AS A COM	death. Do nilina. Spuration of the second o	P.O not anter the long (Box Fort	of dying,	such	Willia as cardiac o	MSPO r reapiral	tory ari	MD 21	Approximate interval Bate Onaat and I
	23. PART I Futar the diseases, or nock, or heart failure. IMMEDIATÉ CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. OUE TO DUE TO d.	(OR AS A CON	Spuration of the second of the	P.O not anter the long (Me ma	of dying,	such	Willia as cardiac o	MSPO reapiral	TOPSY	24b.	Approximate interval Bate Onaat and D
	23. PART I. Enter the diseases, or mock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL	OUE TO C. DUE TO d. S contributing to	(OR AS A CON	Spuration of the second of the	P.O not anter the long (Box mode of mode of many many many many many many many many	of dying,	48 such	Willia as cardiac o	MS DO r reapiral reapiral	TOPSY	24b.	Approximate interval Bate Onaat and I Conact
	23. PART I sphar the diseases, or nock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other significant conditions.	a. OUE TO DUE TO d.	(OR AS A CON (OR AS A CON daath but no	Spural ISEQUENCE OF W.O.C.	P.O not anter the long from the under	Me Mac S. PLACE	of dying, lease tast use give	48 such	Willia as cardiac o	MSDO r reapiral	TOPSY	24b.	Approximate interval Bate Onaat and I Conact
ı	23. PART I. Enter the diseases, or nock, or heart fallure. IMMEDIATÉ CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events reaulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATN 1 Natural S Pending	a. OUE TO b. OUE TO c. DUE TO d. HOSPITAL:	(OR AS A CON	Spural ISEQUENCE OF USEQUENCE OF ISEQUENCE O	P.O not anter the long property of the propert	Me Mac Nome 5	of dying, lacke last last last last last last last last	48 such	willia as cardiac o metr art I. 24a. y conly one)	MS DO r reapiral WAS AN AU PERFORME YES 2	JUTOPSY EO?	24b.	Approximate interval Bate Onaat and I Conact
ı	23. PART I prar the diseases, or nock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in dasth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO. 27. MANNER OF DEATN 1 Netural S Pending	a. OUE TO DUE TO DUE TO C. DUE TO d. HOSPITAL: 1 Vinpatiant 2 28e. OATE OF (Month, D)	(OR AS A CON (O	Spural ISEQUENCE OF USEQUENCE OF ISEQUENCE O	P.O not anter the long property of the second	BOX mode mode mode me Me Me Nome Services Services Nome Services	of dying, lease tast Last Be of oearn General Reside	48 such In In Pa	willia as cardiac o art I. 24a. 1 conly one)	MS DO r reapiral ANAS AN AU PERFORME YES 2	TOPSY EO?	24b.	Approximate interval Bate Onaat and E Conact
	23. PART I. Enter the diseases, or nock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATN 1 Natural S Pending investigation 3 Suicide 8 Could not be	DUE TO DUE TO DUE TO DUE TO C. DUE TO C. DUE TO (OR AS A CON (OR AS A CON (OR AS A CON (OR AS A CON INJURY (OR AS A CON (OR AS A	SPUTATION SEQUENCE OF USEQUENCE OF SEQUENCE OF SEQUENC	P. 0 not anter the living	BOX mode of mo	of dying, lease tast Buse give For OEATH Company Comp	48 such	art I. 24a. V	MSDO r reapiral NAS AN AU PERFORME YES 2 (Street end), State)	TOPSY CO! No Number	24b.	Approximate interval Bate Onaat and I Conaat	
	23. PART I. Futar the diseases, or nock, or heart fallure. IMMEDIATÉ CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Neture Significant investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only to CERTIFYING PNYS)	DUE TO B. OUE TO B. OUE TO C. DUE TO C. DUE TO DUE TO DUE TO DUE TO C. DUE TO C	(OR AS A CON (OR AS A CON (OR AS A CON (OR AS A CON INJURY (OR AS A CON (OR AS A	SPUTATION SEQUENCE OF USEQUENCE OF SEQUENCE OF SEQUENC	P. 0 not anter the living	BOX mode of mo	of dying, lease tast Buse give For OEATH Company Comp	48 such	art I. 24a, v. 1 art I.	MAS AN AUPERFORME YES 2 [(Street end d., State)	JTOPSY EO? No Number in an statutue to this house of the statutue to the stat	24b. 24b. cureo or Rural Ruled.	Approximate interval Bate Onaat and I Conat and I Cona

384 MILL STREET HAGE

32. REGISTRAN'S, SIGNATURE

JUNIA HAUNDSON-RANDER

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFICA	TE OF DEATH	RE	G. NO.		
	1. DECEDENT'S NAME (First, Middle, Las	t)			2. DATE OF DE			ME OF DEATH
127	MARGARET E	. CARROLL			Nov.	9, 199]	YEAR /	1 10 M
	4. SOCIAL SECURITY NUMBER			INDER 1 YEAR IF UNDER 24 HRS	. 7. DATE OF BIR	тн в	BIRTHPLACI	E (State or Foreign
0 0	274-07-6435	1 🗌 M 2 🍱 F	83 YRS. MON	THS DAYS HOURS MIN.	(Month, Day,	9,1908	Ohi	
1 2	9e. FACILITY NAME (If not institution, giv	street and number)		CITY, TOWN OR LOCATION DE			Y OF DEATH	0
15	1004 Kensingt	on War		Annapolis				undel
CTOR	RESIDENCE OF DECEDENT	OII Way		Miliaports		47111	16 WI.	under
- 11	10a: STATE 10b. COUI	ITY	10c. CITY, TO	WN OR LOCATION			10d.	INSIDE CITY
DIR	Maryland An	ne Arundel	Anı	napolis				LIMITS? YES 2 NO
AL	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZE	N OF WHAT	
ER	1004 Kensing	ton War		27403		7	TCA	
FUNI	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DECENDENT OF HISP			S.A.	merican Indien,
	1 Never Married 2 Married	FORCES? 1 YES		If yea, specify Cuban, Max 1 YES 2 NO Spe	ican, Puerto Rican, e	tc.)	Black, Whit	a, atc.
ВУ	3 Widowed 4 Divorced			, [] , 120 1 2 <u>50</u> 110 000	ony.		Whit	e
ED	15. DECEDENT'S Et (Specify only highest gra		16a. DECEDENT'S USU	AL OCCUPATION lone during most of working	16b. KIND	OF BUSINESS/INDUS	STRY	
ET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT usa reti	ed.)				
API		2	Account	ant	Sta	te of N	[arv]	a nd
COMPL	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S	NAME (First, Middle,			
BE	George Muckl	ev		Pear	l Willi	ame		
	19a. INFORMANT'S NAME (Type/Print)	V./	19b. MAILING ADD	RESS (Street and Number or Run			odel	
5	George A. Ca	nnoll		re Road, A				07.2
	20a. METHOD OF DISPOSITION		b. PLACE AND DATE OF DIS		7	Oc. LOCATION — CR		
	1 Surial 2 Cremation 3 Ra		metally crometony or other o	anai	1			
	21. SIGNATURE OF FUNERAL SERVICE	ICENSEE /	en Haver	Cemetery 22. NAME AND ADDRESS OF	77777	Glen E	urni	e, MD
	1	141		Taylor Fun		2007 2	7407	
	houald x	- Justu		147 Glouce				MD
	23. PART I. Entar the diseases, D	complications that cause	d the death. Do not e	nter the mode of dying, as	ich aa cardiac o	respiratory arres	t.	Approximata
	IMMEDIATE CAUSE (Final	. List brily ona cause on e	each line.	1				Intarval Between
	disease or condition	FREEL	e raseul	on tre, as	nT-			Onaat and Daath
	reaulting in death)	0.	A CONSEQUENCE OF):					
-		ANTENIO	science	.0				
ERTIFICATION	Sequentially list conditions,	DUE TO (OR AS /	A CONSEQUENCE OF:	/ /				
YA!	if any, leading to immadiate cause. Enter UNDERLYING	DI FRET	A CONSEQUENCE OF):	101				
F	CAUSE (Disease or Injury that initiated events		CONSEQUENCE OF):					
E	resulting in death) LAST	100 pm	MENSION	/			j	
CE		d //						
7	PART II. Other algnificant condition	ons contributing to death b	out not resulting in the	undarlying causa given i		AS AN AUTOPSY	24b. WERE	AUTOPSY FINDINGS
EDICAL					1	ERFORMED?		ABLE PRIOR TO
					''	ES 2 NO	DF DE	
Σ.							10	YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26 DI ACE OF DEATH #	Shook only			
SICI	EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (C				
HYS	27. MANNER OF DEATH	1 Inpetient 2 ER/Out		Nursing Home 5 Mesidence				
0	1 Natural 5 Pending	(Month, Day, Year)	28b. TIME OF INJURY	28c, INJURY AT WORK?	28d. DESCRIBE	HOW INJURY OCCUP	PED	
ВУ	2 Accident Investigation			1 YES 2 NO				
ED	3 Suicida 8 Could not be datarmined	28e. PLACE OF INJURY building, atc. (Spec	' — At homa, farm, street, cify)	factory, office	281, LOCATION (City or Town,	Street and Number or State)	Rural Routa N	umber,
ETE	datarmined							
P	29e. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of my know	ladge, death occurred at	ha time, date and place, end do	ue to the cause(s) as	nd manner as atsted.		
COMPL		IER: On the besis of axamination						nenner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFI		1					
BE	Doner e	Money M	.05.	29c. LICENSE N	T CA	29d. DATE S	IGNED (Mogth	. Day, Year)
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF THE	ATH OTERS OF CO.	0/0	0 /0	1	1/	
	Dornes C.	is mit is	ATH (ITEM 27) (Type, Print)	Trees Snin	= Anns	mei!	2140	,
	21 DATE EILED (Marin D. V.						13	•
	NOV 12 19	91 June Davids	A Pardell					7-14 7-2
	1101 1 10 10	1						

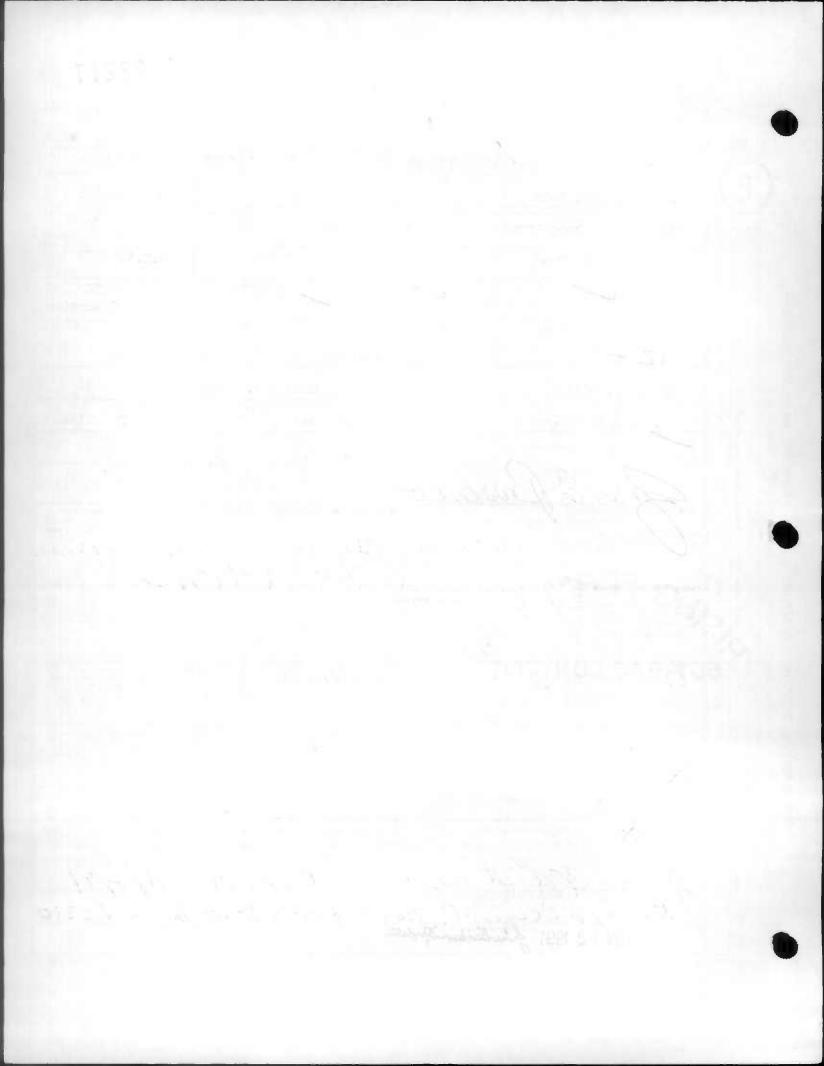
DESCRIPTION OF THE PARTY OF THE CONTRACTOR OF THE PROPERTY OF THE PARTY OF T NOV 1 2 1991 glit Lindow Marine

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146
TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death. Page 6 may be retired by two humans or attending the control of the control
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be settled for use as the burillable and many and many physician prior to burial, cremation, or removal.
IMPORTANT If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be neither at once.

TO BE COMPLETED BY FUNERAL DIRECT

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

REGISTRAR		CERTIF	CAIL	OI DEAI	П	REG. NO.				
DECEDENT'S NAME (First, Middle, Last)		10				2. DATE OF DEATH	Y	YEAR	3. TIME OF DEATN	
Alice	Louise	Cro	ckett			MONTH 11/06/	91			
. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(in yrs. last birthday)	IF UNDER ! Y	EAR IF UNDER 2	4 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH	PLACE (State or Foreign	
308-03-3658	1 M 2 F	74 YRS.	MONTHS D	ATS HOURS	BHIN.	12/30/16)	Mı	chigan	
a. FACILITY NAME (If not institution, give st	treet and number)		9b. CITY, TO	OWN OR LOCATION	N OF DE	ATN		NTY OF D		
170 Inverness R	Road		Seve	erna Par	ck		An	ine A	rundel	
ESIDENCE OF DECEDENT										
MD 106. COUNTY Ann	e Arundel	Se Se	verna	Park					10d. INSIDE CITY LIMITS? 1 YES 2 NO	
170 Inverness F	Road			101. ZIP CODE	211	.46	10g. CII	ZEN OF	EN OF WHAT COUNTRY?	
I. MARITAL STATUS Never Merried 2 Married Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 [YES IF YES, GIVE WAR OR	2 TINO	If y		, Mexica	IIC ORIGIN? (Specify Yea n, Puarto Rican, atc.)	or No—	14. RACI Black Spec	— American Indian, c, White, atc. ""Caucasian	
15. DECEDENT'S EDUC		16a. DECEDENT'S	USUAL OCCI	UPATION		16b, KIND OF BUS	SINESS/IN	DUSTRY		
(Specify only highest grade		(Give kind of v	vork done dun e retired.)	ing most of working						
Elementary/Secondary (0-12)	College (1-4 or 5+)	Accou	nting	/Payrol	1	Chemic	cal C	como	ny	
. FATNER'S NAME (First, Middle, Last)		110000				ME (First, Middle, Maiden		1.	2	
						J. Youngs				
Albert L. Mills			02077							
a. INFORMANT'S NAME (Type/Print)					_	Route Number, City or Tow		4	D 21146	
Mr. Francis Cro	ockett	170 1	nvern	ess Roa	d	Severna				
Da. METHOD OF DISPOSITION Burlal 2 Cremation 3 Rem		b. PLACE OF DISPOS			atory or		CATION —			
□ Donation 5 □ Other (Specify)		Glen Hav	ven Me	m. Cem.			n Bur			
. SIGNATURE OF PUNERAL SERVICE U	DENSEE (ME AND ADDRES						
Lann ne	Molli	2000	Bar	ranco F	uner	cal Home Se	everr	na Pa	ark MD 2114	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evants resulting in death) LAST	c. DUE TO (OR AS	A CONSEQUENCE O	F): F): In the unde			Part I. 24a. WAS AN PERFO	I AUTOPSY		D. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY	
5. WAS CASE REFERRED TO MEDICAL	I			26. PLACE OF DE	EATN (Ch	eck only one)			1 TYES 2 NO	
EXAMINER?	HOSPITAL:	testient 3 DOA	OTHER:	11						
EXAMINER?	1 Inpatient 2 ER/Ou		4 🗆 Nursin	ng Home 5 Res		8 Other (Specify)	INJURY O	CCURED		
EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH 1 Natural 5 Pending		28b. TIA	4 🗆 Nursin	11	sidence		INJURY O	CCURED		
EXAMINER? 1 YES 2 NO MANNER OF DEATH Natural 5 Pending	1 Inpatient 2 ER/Ou	28b. TIM	4 Nursin	ng Home 5 Res	sidence	8 Other (Specify)	and Numbe		1 TYES 2 NO	
EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH 1 Natural 2 Nocident 3 Suicide 4 Homicide 9a. CERTIFIER (Creck only	1 Inpatient 2 ER/Ou 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJUI	28b. Till IN. 1Y — At home, farm, ecity)	4 Nursin AE OF 2 JURY M street, fector	Re. INJURY AT WORK? 1 YES 2 y, office	NO and dua	8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Yourn, State) to the cause(a) and ma	and Number	er or Rural	1 VES 2 NO	
1 YES 2 NO 7. MANNER OF DEATH 1 Natural 5 Pending investigation 3 Suicide 8 Could not be determined 9a. CERTIFIER Check only	28a. DATE OF INJURY (Month, Dey, Year) 28a. PLACE OF INJURY (building, stc. (Sy. ICIAN: To the best of my knotes: R	28b. Till IN YY — At home, farm, ecliy) wledge, death occur ion and/or investigati	4 Nursin AE OF 2 JURY M street, fector red at the tim on, in my opi	Re. INJURY AT WORK? 1 YES 2 y, office	NO NO and dua	8 Other (Specify) 28d. DESCRIBE HOW 281. LOCATION (Street City or Town, State to the cause(a) and ma	and Number	er or Rural ated.	1 VES 2 NO	



C

		- STATE REGISTRAR		CERTII	FICATE OF	FDEATH	REG. N	0.		
		1. DECEDENT'S NAME (First, Middle, Last) Phyllis	Roberta	ı Cl	lanton		2. DATE OF DEATH MONTH 11/0	1/91	7EAR 3. 1	12:10a M
6		4. SOCIAL SECURITY NUMBER 006-12-4502	5. SEX 1 M 2 F	6. AGE (In yrs. last birthday 89 YRS.	MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year) 11/18/	01	Country) New	Brunswick
P	6	98. FACILITY NAME (If not institution, give s Chesapeake Man			ab. city, town	or location of di 1d	EATH		of DEATH	
fr. Ages	DIRECT	40 001115	he Arunde	100.5	TY, TOWN OR LOC	CATION	1337			LINSIDE CITY LIMITS? YES 2 XNO
nsit permit	FUNERAL	100. STREET AND PLACID COL	ırt			101. ZIP CODE 21	012	10g. CITIZE	S.A.	COUNTRY?
03-3146 attending physician. se as the burial-transit	BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. ARMED YES 2 NO AR OR DATES	If yea,		NIC ORIGIN? (Specify ' an, Puarto Rican, etc.) fy:	Yas or No- 1	Black, WI	American Indian, nita, atc. Vhite
2120; ital or att	COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give kind of life. Do NOT	's usual occupa of work done during use retired.)	most of working	Home	BUSINESS/INDU	STRY	
	BE CO	Wellington Grad	nam				AME (First, Middle, Meid			
0 0 0	9	19a. INFORMANT'S NAME (Type/Print) Mr. Ronald G. (Clanton	1039	Placid	Court	Arnol	đ	MD	21012
ALTIMORE, I leath. Page 6 may be funeral director, page xaminer must be		20s. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Rem 4 Denation 5 Other (Specify)		20b. PLACE OF DISP other place) MD Ve te	rans	cemetery, crematory or	Cr	ownsvil	le, N	ÍD
0 = 0		21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	1		and address of Fanco Fune:		Ritchi Severna		MD 21146
IS, P.O. BOX 13146, the death certificate be executed within is mount affer the attending physician and completely filled in by the Mental Hygiene prior to burial, cremation, or remove injury, or other traumatic event, the medical	ERTIFICATION	ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST	a. DUE TO	OR AS A CONSEQUENCE	OF):					Interval Between Onset and Death
RECORDS, P law requires that the deat as been signed by the atte bept, of Health and Mental 23 shows any Injury,	SICIAN: MEDICAL CE	PART II. Other significant condition Right Full Cerebro Vos Multu I v. 25. Was case referred to Medical EXAMINER?	Matis	and the same of th	lent	ring cause given in	PERI 1 PYES	AN AUTOPSY FORMED?	AW CO OF	ERE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
OF V PHYSICIAN this certifi with the	PHY	1 YES 2 MO 27. MANNER OF DEATH 1 Millurel 5 Pending	1 Inpatient 2		4 Nursing I	fome 5 Rasidanca INJURY AT WORK? YES 2 NO	8 Other (Specify) 28d. DESCRIBE HO	W INJURY OCC	URED	
ISIO TTENDI TTOR: A after d	TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined		DF INJURY — At home, terr , etc. (Specify)	m, street, factory, o	ffica	281. LOCATION (Str. City or Town, St		or Rural Rout	e Number,
4 4 2 E	COMPLE	Check only		f my knowledge, death occ						nd manner as stated.
TO THE HOSPITAL TO THE FUNERAL DE filed within 72 IMPORTANT: 11	BE	296. SIGNATURE AND TITLE OF CERTIFIE	My	Attending	y Doct	29c. LICENSE NI	UMBER 1684	29d. DATE	SIGNED (M	onth, Day, Year)
	10	30. NAME AND ADDITIESS OF PERSON W	1.1) 16	USE OF DEATH (ITEM 27) TO CRAL		+, GLE	NBURNI	2 - M!	0 2	1061.

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The	ite h	ate	Em
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F	this	Wil	rke
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S	R. A	er d	60
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DR ,	JIRE	ours	ma
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HO	E	Will	TAI
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TO THE HOSPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or atten	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once

1. DECEDENT'S NAME (First		avis							MONT		AY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In	yrs. last birthday)) IF IMPE	R 1 YEAR	IF UNDER	24 MDC		ember of BIRTH	3, 19	991	7:00 P NPLACE (State or Foreign
217-36-17		1 🗆 M 2 🕁 F	78		MONTHS	DAYS	HOURS	MIN.	0ct	. 29, 1	913	Coun	MD
Sent & Quee			al Ind	C .			or Locati		EATH		9c. cou		DEATN
RESIDENCE OF DE	10b. COUNTY	,		100 01	TY, TOWN	001000	21011						
MD	Ke				ock								10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER							r. ZIP COD	E			10g. CITI	IZEN OF	WNAT COUNTRY?
Chesapea	ke Av							661				US	A
11. MARITAL STATUS 1 Naver Married 2 3 Wildowed 4 Dive		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2) NO		If yea, sp	CENDENT Code of the Code of th	ın, Məxicə	in, Puerto	Y? (Specify Ye Ricen, etc.)	a or No—	14. RAC Blac Spec	E - American Indian, ck, White, atc.
15. DEC (Specify on	EDENT'S EDUC	CATION completed)	10	8a. DECEDENT'S	S USUAL O	CCUPATIO	ON of working	24	16t	. KIND OF BU	SINESS/IND	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	′	(Give kind of life, Do NOT									
17. FATHER'S NAME (First, M			I D	irect	or S	Soci			-		State	0.	f MD
Bartus H		rson								Middle, Malden	Sumame)		
19a. INFORMANT'S NAME (2001		19b. MAILIN	G AODRES	S (Street a				ber, City or Tow	n, State, Zip	Code)	
James Fr		n Davis	Jr.	205	Wald	lo D	r.,(Ches	ster	town,	MD 2	216:	20
20a. METNOD OF DISPOSIT		oval from State	20b. Pl cemete	T. Pau	other place)	SITION (NE	ama of		DAT		CATION -		
Aft Danston C Cont.													
4 ¹ Donatton 5 □ Other 21. SIGNATURE OF FUNERA	(Specify)	ENSEE	- 5	T. Pau			IETE:			/φ CI	ieste	erto	own,MD
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Mary John John Colons

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REGISTRAR		CERTIF	CATE OF	DEATH	REG.	NO.	
1. DECEDENT'S NAME (First, Middle, MABEL		Dove	FLAS	S	2. DATE OF DEATH		3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 216-10-677	retu.	AGE (In yrs. last birthday) 76 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIRTH (Month, Day, Yea 09-14-	15	BIRTHPLACE (State or Foreld Country)
9a. FACILITY NAME (If not institution Stella Mari	give street and number) S Hospice		9b. CITY, TOWN TOWS	OR LOCATION OF DI	EATH	8c. COUNTY Ba.	of DEATH Ltimore
Stella Mari	HART TOAS	Jop	г, то w н оя сос	ATION			10d. INSIDE CITY LIMITS? VES 2 \(\text{\text{V}} \)
Too. STREET AND NUMBER 716 Town Cen 11. MARITAL STATUS WI down 1 Never Merried 2 Marrier	ter Drive		1	01. ZIP CODE 21085		10g. CITIZEN	OF WHAT COUNTRY?
∑ Widowed 4 □ Divorced	ed 12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 NO	If yes, s	ECENOENT OF HISPAI apecify Cuban, Mexica ES 2 NO Specif	n, Puarlo Rican, atc.)	RACE — American Indian, Black, Whita, atc. Specify: DITE
15. DECEDENT (Specify only highest Elementary/Secondery (0-12)		16a. OECEDENT'S (Give kind of v life. Do NOT us BOOKKee	vork done during r e retired.)	rion nost of working Secretary	1000	BUSINESS/INDUS	TRY
17. FATHER'S NAME (First, Middle, Li	JAMES A. S	SMITH			ME (First, Middle, Ma		
19a. INFORMANT'S NAME (Type/Print) Katie Ne				t and Number or Rural			
20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 4 Donation 5 Other (Specific		20b. PLACE ANO OATI	or other place		OATE 200	Road Control C	
IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST	DUE TO (OI	R AS A CONSEQUENCE OF	F):	NI ME	rs		Onsat and
PART II. Other eignificant con	nditions contributing to de	asth but not resulting	in tha underly	ing causa given in	PE	S AN AUTOPSY RFORMED?	24b. WERE AUTOPSY FIN AWAILABLE PRIOR TO COMPLETION OF CA OF DEATH?
25. WAS CASE REFERRED TO MED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL:		OTHER:	PLACE OF OEATH (C)			
1,0 Natural 5 Pendin	28a. DATE OF IN (Month, Day,	R/Outpatient 3 DOA JURY Year) 28b. TiN	E OF 28c. I	OME 5 Realdence NJURY AT WORK? YES 2 NO		HOSP.	
	28e. PLACE OF I	NJURY — At home, farm, c. (Specify)	street, factory, of	fice	28f. LOCATION (S City or Town,		Rural Route Number,
CONSUR ONLY	PHYSICIAN: To the best of m						
296. SIGNATURE AND TITLE OF CE	A alex	lander		D 27			GIGNED (Month, Day, Year) -26-91
Carla S. Alex	ander, M.D.	- Stella Ma	ris Hos	spice-Dula	aney Val	Ley Rd.	- Towson 21
31. DATE FILED (May 20)	'91 32. REGISTRAR	is signature in Day ason-Ray	ndell				

18. 62 100.

DIRECTOR FUNERAL BY COMPLETED BE

PHYSICIAN:

BY

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COMPLET

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this c marked,

After 1 death

DIRECTOR: Aff hours after de item 28 is r

FUNERAL I within 72 h HOSPITAL TO THE HOSPITA
TO THE FUNERAL
Be filed within 72
IMPORTANT: If

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Toloray. The law lequiles that the beam contribute to execute mining 24 months are beam to be the most of the most	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit in the complete of t	th the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	sd, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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91 32221 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATN DAY YEAR JESSIE MARTON 08 91 05:31 DIEHL 7. DATE OF BIRTH 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 8. BIRTNPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. HOURS 78 1 M 2 X F 217 10 4586 YRS. PENNSYLVANIA 9e. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN CUMBERLAND. ALLEGANY MEMORIAL HOSPITAL RESIDENCE OF DECEDENT 10c. CITY TOWN OR LOCATION 10e STATE 10b. COUNTY 10d. INSIDE CITY MINERAL WILEY FORD W. VA. 1 X YES 2 | NO 10e STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WNAT COUNTRY? 26767 USA BOX 347 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No-if yes, specify Cuben, Mexican, Puerto Ricen, atc.) 14. RACE — American Indien, Black, White, atc. 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: SpecifyWHITE 3 Wildowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementery/Secondary (0-12) College (1-4 or 5+) FIBER/TEXTILE LABORER 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) UNKNOWN EDITH WILLIAM MILLAR 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) BOX 347~WILEY~FORD , $W \cdot VA \cdot 26767$ 19e. INFORMANT'S NAME (Type/Print) 2 PATRICIA BLANK 20e. METHOD OF DISPOSITION

1- Burlel 2 Cremetion 3 Removal from State
4 Donetton 5 Debay Scott 20b. PLACE AND DATE OF DISPOSITION (Name 11/ 12/9/ DATE 20c. LOCATION - City or Town, State REST LAWN MEMORIAL GARDENS LAVALE, MD Donetion 5 - Other (Specify) 21. SIGNATURE OF FUNERAL ERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HAFER CHAPEL OF THE HILLS MORTUARY dox 21502 1302 NATIONAL HWY LAVALE, MD 23. PART I. Enter the disease, or complicatione that ceased the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, ehock, or heert fellure. List Dnly one ceuse on each line. Intervel Between Oneet end Death IMMEDIATE CAUSE (Finel diseese or condition 058 reculting in death) ADOL CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSECUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated evente resulting in deeth) LAST PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL

1 - YES 2- NO

AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?

25d, DATE BIGNED (Major), Disk Year)

9 121

28. PLACE OF DEATN (Check only one)

1 YES 2 NO

25. WAS CASE REFERRED TO MEDICAL 1 YES 2 NO 27. MANNER OF DEATN

29b. SIGNATURE AND SITLE OF CERTIFIES

OAMAR

5 Pending

6 Could not be determined

Investigation

1 X Natural

2 Accident

3 Suicide

DR.

4 Nomicide

HOSPITAL:

1X Inpatient 2 ER/Outpatient 3 DOA 28e. DATE OF INJURY

28b. TIME OF INJURY

28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify)

4 - Nursing Nome 5 - Residence 8 - Other (Specify) 28c. INJURY AT WORK?

29c. LICENSE NUMBER

D23371

28d, DESCRIBE NOW INJURY OCCURED 1 YES 2 NO 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29e. CERTIFIER

Theorem 1 💢 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end menner ee stated.

2 MEDICAL EXAMINER: On the beste of examination and/or investigation, in my opinion, death occured at the time, date end piece, end due to the ceuse(e) and menner es stated.

OTHER:

M

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

ZAMAN

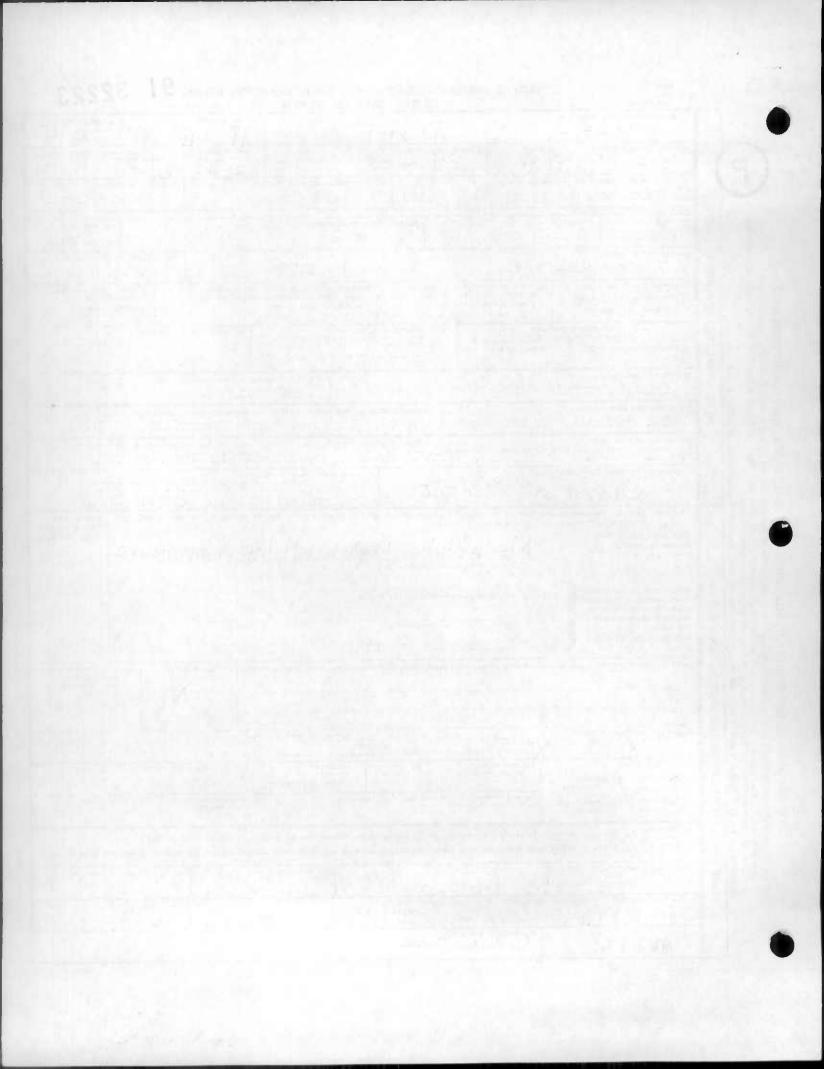
MEMORIAL HOSPITAL CUMBERLAND, MD 21502

32. REGISTRAR'S SIGNATURE a Lavidson-1 Pandoll

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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for his each unith the State Dent of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 STATE		STATE OF N	IARYLAN	D / DEPAR	RTMENT	OF H	EALTH	AND I	MENTAL HYO	GIENE		06666	
_	REGISTRAR				CERTIF	ICATE	OF	DEA	ТН	REG	. NO.			
	1. DECEDENT'S NAME (Firs									2. DATE OF DEA	TH DAY	YEAR	3. TIME OF DEATH	
	Virginia									11	10	91	6:30 a M	
	4. SOCIAL SECURITY NUM 217-10-53	O4	5. SEX 1 1 M 2	6. AGE (In yr. 74	s. last birthday) YRS.	MONTHS	DAYA	HOURS	MIN.	7. DATE OF BIRT	1 9 17	Coun	HPLACE (State or Foreign try) YLAND	
2	98. FACILITY NAME (# not h					rlan	ON OF DE	EATH		Alleg				
5	RESIDENCE OF DE	CEDENT 10b, COUNTY	,		100 CIT	Y, TOWN O	P I OCAT	TON					10d. tNSIDE CITY	
- UINECTOR	MARYLAND		ALLEGANY			UMBER	TAN	D					LIMITS?	
EHAL	100. STREET AND NUMBER	RRISON	STREET				101	ZIP COD		2	10g. C	ITIZEN OF	WHAT COUNTRY?	
N	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN II S	ADMED	12.14	WAS DEC		2150	NIC ORIGIN? (Spec	Mr. Voc on No	T as Bac	U.S.A.	
פו ים	1 Never Married 2 3 Wildowed 4 Div		FORCES? 1	YES 2	ZNO	H	yes, sp		nn, Maxica	in, Puerto Rican, a		Special Special	ck, White, etc.	
3	15. DE	CEDENT'S EDUC	CATION	184	. DECEDENT'S				la a	16b. KIND	OF BUSINESS/I	NDUSTRY		
ū	Etementary/Secondary (College (1-4 or 5		(Give kind of life. Do NOT u HOUSE I	ise retired.)		st or work	ng	но	USE K	EEPE	R	
COMPL	17. FATHER'S NAME (First, A CLARENCE		SMALLWOO	D				18. MOT		ME (First, Middle, A	Aaiden Sumame			
0 00	19a. INFORMANT'S NAME (19b. MAILING	G ADDRESS	(Street a	nd Numbe		Floute Number, City				
=	BONNIE I	LAPIDAR	IO		1046	RI	CHWO	OOD A	AVE	CUMBERI	AND M	ARYL	AND 21502	
	20a. METHOD OF DISPOSI 12 November 2 ☐ Cremate	ton 3 - Reme	ovat from State	20b. PL	ACE AND DAT	E OF DISPO	OSITION	(Name	1.0		Oc. LOCATION			
	4 Donation 5 Other		MENGEE A	_ 501	ASET (1991	CUMBER	LAND	MD.	
	21. SIGNAL OF FORES	1 7	MS	X		22. NAME AND ADDRESS OF FACILITY MERRITT ADAMS FUNERAL HOME								
ERIFICATION	23. PART I. Enter the cahock, or I IMMEDIATE CAUSE (F) disease or condition resulting in death) Sequentially list cond if any, leading to Immicause. Enter UNDERLY CAUSE (Disease or injusted initiated events resulting in death) LA:	itions, ediate YING	a. DUE TO	(OR AS A CO) (F):	the mo	the de of dy		fit as cardiac or		nrrest,	Approximate interval Between Onaet and Death	
BY PHYSICIAN: MEDICAL CI	PART II. Other signific	cant condition	a contributing to	death but i	not resulting	in the un	derlyln	g cause	given in	'	VAS AN AUTOPS PERFORMED? YES 2 NO	Y 24	b. WERE AUTOPSY FINDINGS AWAILABLE PRIDR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO	
N N	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSE			1		LACE OF	DEATH (C)	heck only one)				
2	1 - YES 2 10 10	1(3)3	HOSTITAL:	☐ ER/Outpetle	int 3 🗆 DOA	4 Nun		na 5 🗆 F	Reeldenca	8 Other (Spec	(fy)			
Y PH		Pending Investigation	28e. DATE OF (Month, L	INJURY Pay, Year)	28b. Til	ME OF IJURY M	W	JURY AT ORK? YES 2	□ NO	28d. DESCRIBE	HOW INJURY	OCCURED		
	2 Accident 3 Suicide 8 4 Homicide	Could not be determined	28s. PLACE (building)	OF INJURY — atc. (Specify)	At home, farm,	street, fact	ory, offic	20		281. LOCATION City or Town	(Street and Num , State)	ber or Rura	l Route Number,	
COMPLEIED	one)		ICIAN: To the best of ER: On the beele of s										o(a) and manner as stated.	
N L	29b. SIGNATURE AND TITE	LE OF CERTIFIE	11111	1.	MD			29¢, L(CENSE NU	MBER 345	g 29d. 0	ATE SIGNE	ED (Month, Day, Year)	
2	30. NAME AND ADDRESS	OF PERSON WH	O COMPLETED CAL	SE OF DEATH	1 (ITEM 27) (Typ	S F	To	2	Di	rune	Cur	10	ALLAND	
	31. DATE FILED (Month, ga	1001	32. REGISTR	AR'S SIGNATU	JRE delle		, "		.,,	,	-		MD	
	_ ~	1001	- Livia	the all and	NEUC									

	1. DECEDENT'S NAME (First, Middle, L	ast),	DU	FF Y		2. DATE (OF DEATH DAY	Q-YEAR	3. TIME C
	3/2-68-189	18 1 M 2 D F	GE (In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	12.	Dey, Year)	8. SIRTH	PLACE (Str.
CTOR	90. FACILITY NAME (If not institution, g Baltimore Con	unty General	Hospital		or location of dallstow.		1	Baltimo	
DIREC		rroll County		ry, town or loca Sykesvill					10d. INSI LIMI 1 YES
NERAL	790 Irongate			10	21784		101	U.S.A	
BY FUN	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y	ES 2 700	It yee, sp	CENDENT OF HISPA pecify Cuban, Maxie S 2 TNO Spec	an, Puarto R	(Specify Yee or Nican, atc.)	14. RACE Black Specif	– Americ , white, at y: Whi
PLETED	15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12) 12	EDUCATION grade completed) Cotlega (1-4 or 5+)	(Give kind of life. Do NOT o	S USUAL OCCUPATION Work done during me ise retired.)	ost of working		KIND OF BUSINES		
E COMPL	17. FATHER'S NAME (First, Middle, Last) George France				18. MOTHER'S N		iddle, Maiden Sumi	ame)	
TO BE	19a. INFORMANT'S NAME (Type/Print) Mrs. Judith A.		19b. MAILIN	3 ADDRESS (Street of 790 Irc		Route Number	er, City or Town, Sta	ate, Zip Code)	217
	20e. METHOD OF DISPOSITION 1 Grant Burlet 2 Cremetion 3 Grant Gran		20b. PLACE AND DATE	OF DISPOSITION (N	ame of	DATE	20c, LOCATIO	ON — City or Town	vn, State
	21. SIGNATURE OF FUNERAL SERVICE Brian	LICENSEE Hau		22. NAME AI	ND ADDRESS OF F	ACILITY RAL HO	ME (P.O). BOX 1	
		or complications that are	and the death C	Syke	sville,	MD 21	784 (41	0)-795-	-1400
7	shock, or heart fellu IMMEDIATE CAUSE (Finst disease or condition resulting in death)	or complications that causers. List only one cause or s. Meta	sed the desth. Do n esch line. SA CONSEQUENCE O	Heppy	esville, ode of dyling, su	ch as cardi	sc or respirator	ry srrest,	-1400
ERTIFICATION	IMMEDIATE CAUSE (Finst disease or condition	S. Meta DUE TO (OR A	Static	not enter the mo	ode of dylng, su	ch as cardi	sc or respirator	ry srrest,	-1400
EDICAL CERTIFI	IMMEDIATE CAUSE (Finsi disease or condition resulting in desth) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b. DUE TO (OR A. DUE TO (OR A. d.	S A CONSEQUENCE O	not enter the mo	rocel lu	Pert I.	CARC	PPSY 24b.	Appinta Ons WERE AUT AVAILABLE COMPLETH OF DEATH
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Y PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Finsi disease or condition resulting in desth) Sequentisily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST PART II. Other significant conditions are sufficient to medical examiner? 1 YES 2 NO 27. MANNER OF DEATH Netural 5 Pending	b. DUE TO (OR A c. DUE TO (OR A d. tions contributing to death L HOSPITAL: 1 Ningstant 2 ER/O 28a. DATE OF INJUR (Month, Day, Year	S A CONSEQUENCE OF S A CONSEQUEN	in the underlying 26. PI OTHER: 4 Nursing Hom BLOF 28c. INJ. BLOF 28c. INJ	g cause given in	Part I.	CARC	INOM P	Appinta Ons WERE AUTI AVAILABLE COMPLETH OF DEATH
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	1 - STATE REGISTRAR	C UF MAR		RTIF	ICATE				MENIAL H	EG. NO.	_		
	1. DECEDENT'S NAME (First, Middle, Last)				TOATE	- 01	DLAI	-	2. DATE OF I				3. TIME OF DEATH
	NELLTE T			,	DATITO	,			MONTH	DA		YEAR	
	4. SOCIAL SECURITY NUMBER 5, SEX	La	105 /		DAVIS					1.	4	91	1:22 AM M
	F00 14 FF00		AGE (In yrs. last		MONTHS	1 YEAR	HOURS	24 HRS.	7. DATE OF E (Month, Da	y, Year)		Country	PLACE (State or Foreign
		2 💢 F	82	YRS.					Mar.	15,	1909		ssouri
-	9a. FACILITY NAME (If not institution, give street and i	umber)			96. CITY,	TOWN OF	LOCATIO	ON OF DE	ATH		9c. COU	NTY OF O	EATH
OH	NORTH ARUNDEL HOSPIT	TAT ACC	COCTATT	OM		CLEN	DIIDN	ITE			11112	A A	COLINAIA
DIRECTOR	NORTH ARIINDEL HOSPT	TALL AD.	MALAII					III				A.A.	COUNTY
R	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN O	R LOCATIO	ON						10d. INSIDE CITY LIMITS?
	Missouri Grundy			Tre	nton								1 YES 2 NO
A	10e. STREET AND NUMBER					101.	ZIP CODE				10g. CIYI	ZEN OF W	HAT COUNTRY?
FUNERAL	923 Laclede St.						6468	3			U.	S.A.	
5			ER IN U.S. ARM		13. V	MAS DECE	NDENT O	F HISPAN	IC ORIGIN? (S)	ancify Yes			- American Indian.
	TE V	CES? 1 1 1	YES 2 NO		II II	f yes, spec	city Cubsi	, Mexicer	, Puerto Rican	, atc.)	0. 100	Bleck,	, Whita, etc.
BY	3 🔀 Widowed 4 🗌 Divorced	-0, 0112 19(1)	ON DATES		'	YES :	S FY NO	Specify:			14	Specif	White
	15. DECEDENT'S EDUCATION		18a. DEC	EDENT'S	USUAL OC	CUPATION	4		16h KIM	n oe aus	INESS/IND	HISTOV	
E	(Specify only highest grade completed Elementary/Secondary (0-12) College	(1-4 or 5 +)	(Give	o kind of s	work done d se retired.)	luring most	of working	9	700. Kill	D 01 000	IIIVE 33/IND	OSTAT	
교	8	(1-4 01 3+)		shie						Po+	2 1	Sale:	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)											Sale	S
	Alfred Parent Marri	ott							ME (First, Middle				
BE		-							Ethe1		_		
2	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS	(Street are	d Number	or Rural A	loute Number, C	ity or Town	, State, Zip	Code)	
	Frank Daniels		8	3312	Wice	omic	o Rd	., P	asaden	a, M	farvl	and :	21122
	20a. METHOD OF DISPOSITION 1X0 Burial 2 Cremation 3 Removal from	Stata	20b. PLACE AN	DDATE	OF DISPOSI	TION /Nam	a of		DATE	20c. LOC	CATION -	City or Tow	vn, State
	4 Donation 5 Other (Specify)		Maple	Gro	ove C	em.	11/	17/9	1	Tre	enton	. Gr	undy, MO.
	21. SIGNATURE DI FUNERAL SERVICE LICERSEE	- 0				NAME AND							7,
	· State all s	1	1						ck Fur				
	22 DADT I Enter the discourse or complica-				4	21 C	rain	Hwy	., S.I	E. G	len E	Burni	e, MD 21061
	23. PART I. Enter the diseases, or complica ahock, or heart failure. List only	One cause o	used the deal on each line.	th. Do n	ot enter 1	the mod	e of dyle	ng, such	as cardiac	or reapli	ratory arr	est,	Approximate Interval Between
	IMMEDIATE CAUSE (Final)	,										Onset and Death
	disease or condition resulting in death)	10101	DU/M	BYX	my	CV	nec	1					Imme of
		DUE TO (OR	AS A CONSEOU	ENCE OF	7: 0	1							13310110 (1
Z	Sequentially list conditions, b.	UDOC	Trolo(1)	Nav	OTZ	m						Immod
CERTIFICATION	If any, leading to immediate	DIE TO OR	AS A CONSEQU	ENCE OF	7: _					_			
2	CAUSE (Disease or Injury	atho	10501	one	STIC	a	310	1101	1000 co	Va	,		Licens
E 1	that initiated events	DUE TO (OR /	AS A CONSEOU	ENCE OF	F):								
8	resulting in death) LAST		dispo	ano									
	DART II Other elgolficent conditions and the												
DICAL	PART II. Other significant conditions contrib	uting to deat	in but not res	suiting I	n the unc	derlying	cause g	ven in F	Part I. 24a.	WAS AN A			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă									_ 1	YES 2	NO NO		COMPLETION OF CAUSE OF DEATH?
뿔													1 YES 2 NO
z I													
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					28. PLA	CE OF DE	ATH (Chec	ck only one)				
S	HUSP		Outpatient 3	DOA	OTHER:		5 Dag	Idamaa 0	Other (Spe	-14.1			
主		DATE OF INJU	RY	28b. TIMI		28c. INJUF		_	28d. DESCRIB		ILIBY OCC	LIBED	
	1 Natural 5 Pending	(Month, Day, Yei	er)	INJ		WOR				C 11011 III	0000	ONED	
B	2 Accident Investigation 3 Suicide 8 Could not be 28a.	PLACE OF INJ	URY — At home	form	tract foots		3 2 []						
	4 Homicide determined	building, atc. (Specify)	r, rentiir, a	treet, meto	ту, отпсе			28f. LOCATION City or Tox	rn, State)	nd Number	or Rural Ro	ute Number,
<u> </u>	20. 050000												
릴	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To to	ne beat of my ki	nowledga, death	occurre	d at the tim	ne, date er	nd placa,	and due to	o the ceuse(s)	and man	ner as atate	id.	
COMPLETED	2 MEDICAL EXAMINER: On the	basis of examin	etion end/or inv	eatigation	n, In my op	inion, dea	th occure	d at the ti	ime, date and p	place, and	due to the	n cause(a)	end mennar as atated.
	296. SIGNATURE AND TITLE OF DESTYMEN	1					Ne. LICEN	-	-				
BE	18 8	100)	200				7	20	211		DATE	I I	Month, Day, Year)
유	III. NAME AND ADDRESS OF PERSON WHO COMPLE	TED CAUSE OF	DEATH STEM	7) (No.	Print	- 1	1		611		- 11	-14	17
	IRA E. KAPLAN, M.D.					1200/	CIEN	piir	OMTE N	MD.	21061		
	31. DATE FILED (Month, Day, Year) 32.	EGISTRADIS S	MICWOOD	KU	AD, #	200/	GLEI	1UC	MILE, I	ייים.	71001	L	
	31. DATE FILED (MORTH, Day, Moor) 32. NOV 1 5 1991 July	a Daman	n-pande	200									
	140 A T 9 1991 Any	A Print (M)											

TO THE HOSPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

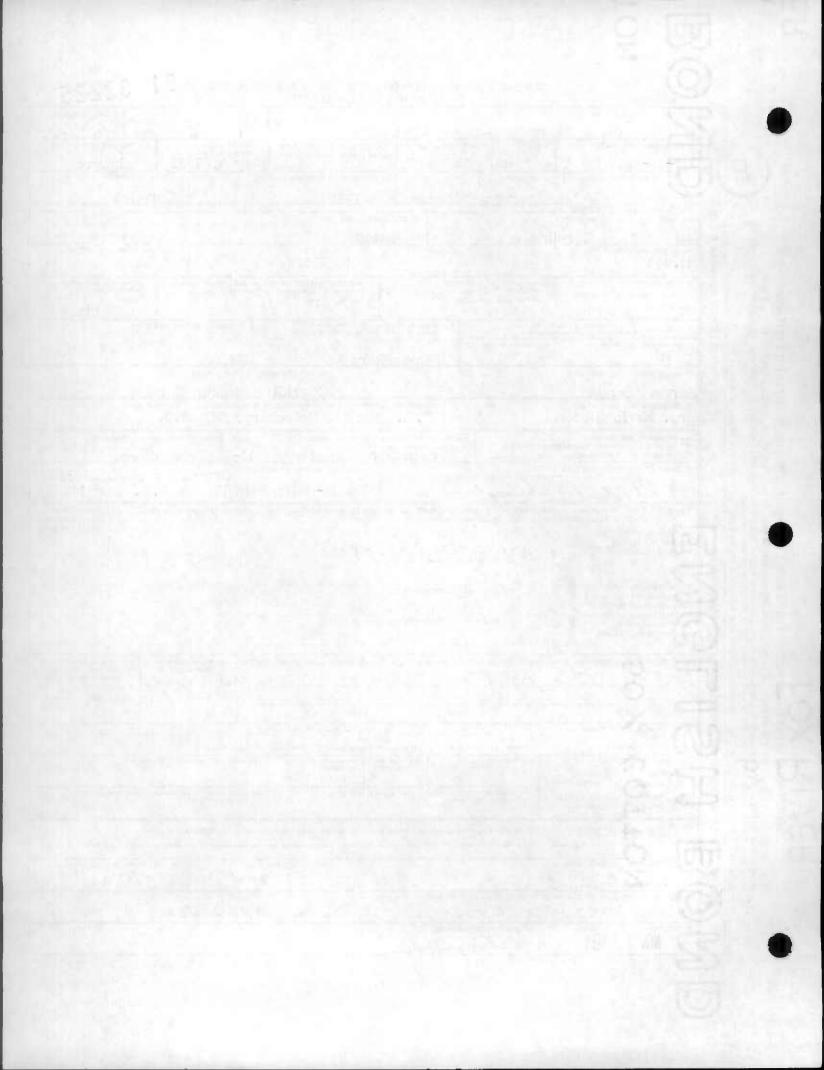
TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020	w requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the hospital or attending physician.	been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pt. of Health and Mental Hyglene prior to burial, cremation, or removal.	The state of the s
. RECORDS, P.O. BOX 68760,	w requires that the death certificate be executed within 24	been signed by the attending physician and completely filled in by the bt. of Health and Mental Hyglene prior to burial, cremation, or removal.	The second secon

	REGISTRAR	STATE OF MARYL	CERTIFIC	CATE OF DEAT	H	REG. NO.		32225
	1. DECEDENT'S NAME (First, Middle, La. 4. SOCIAL SECURITY NUMBER	et S	Dab		MDN	5	9	9 / 1
	217-12-4340 9e. FACILITY NAME (If not institution, given	1 □ M 2 💢 F 92	YRS.	IF UNDER 1 YEAR IF UNDER 2 MONTHS DAYS HOURS 9b. CITY, TOWN OR LOCATION	Min. May	e of Birth oth, Day, Year) y 4, 18		BIRTHPLACE (State or Foreign Country) Delaware
ECTOR	Caroline Y RESIDENCE OF DECEDENT	wing Ha	ome	Denton			Caro	
DIR		roline		nton				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	Rt. 404			101. ZIP CODE 2163	9		USA	OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Vidowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR DO	2 NO	13. WAS DECENDENT OF If yes, specify Cuban, 1 YES 2 NO	Mexicen, Puerto		or No- 14.	RACE — American Indian, Black, White, etc. Specify: White
LETED	15. DECEDENT'S E (Specify only highest gr Elementary/Secondery (0-12)		(Give kind of wo		16	Bb. KIND OF BUSI	INESS/INDUST	
COMPL	17. FATHER'S NAME (First, Middle, Last)		homema		R'S NAME (First	N/A , Middle, Maiden S	Surneme)	
BE	Herman Sorden 190, INFORMANT'S NAME (Type/Print)		195 MAILING	Char ADDRESS (Street and Number of	lotte N	linchin	Sorde	n of the second
10	Mrs. Marie Gibso	on		Box 152 Gol				OH)
	00 DATE I Franchis discourse	ruge	_	Fleegle-Hel		n Fn Hr	m P.O	
CERTIFICATION	23. PART I. Enter the diaeases, ahock, or heert fellu IMMEDIATE CAUSE (Finel disease or condition reaulting in death) Sequentially list conditione, if any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inlitated evente recuiting in deeth) LAST	a. Gram A DUE TO (OR AS A DUE TO (OR AS A	d the death. Do no dech line.	of enter the mode of dyln Sep 5 i 5		n Fn Hr	m P.O	Box 160 Approximate Intervel Betw
MEDICAL C	ahock, pr heert fellu IMMEDIATE CAUSE (Finel disease pr condition reaulting in death) Sequentially list conditione, if any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inlitated evente reculting in deeth) LAST PART II. Other algnificant conditions	a. Gram A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A C. DUE TO (OR AS A d.	A CONSEQUENCE OF	of enter the mode of dyln Sepsis :	g, such ss cs	n Fn Hr	m P.O artory arreat	Approximate Intervel Betwonset end D
: MEDICAL C	ahock, Dr heert fellu IMMEDIATE CAUSE (Finel disease Dr condition reaulting in death) Sequentially list conditione, if any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente reculting in deeth) LAST PART II. Other algnificant condit OBS, DJI 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	a. Grann A DUE TO (OR AS A C. DUE TO (OR AS A d. ASCVI) ASCVI)	A CONSEQUENCE OF) A CONSEQUENCE OF) Dut not resulting in	ot enter the mode of dyin SOSIS The the undaritying cause glasses of the undarity glasses of the	g, such ss cs	24e. WAS AN A PERFORM	m P.O artory arreat	24b. WERE AUTOPSY FINDI ANALABLE PRIDE TO COMPLETION OF CAUSO OF DEATH?
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PHYSICIAN: MEDICAL C	ahock, pr heert fellu IMMEDIATE CAUSE (Finel disease pr condition reaulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente reculting in deeth) LAST PART II. Other aignificant condit OSS, DJD 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	a. Gram A DUE TO (OR AS A C. DUE TO (OR AS A d. DUE TO (OR AS A d. Libna contributing to desth b ASC V HOSPITAL: 1 Inpetient 2 ER/Outs (Month, Day, Year)	A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) Dut not resulting in patient 3 DOA 28b. Time	26. PLACE OF DE OTHER: A Numing Home 5 Ree WORK? 1 YES 2	ven in Part I. ATH (Check only idence 6 Ott	24e. WAS AN A PERFORM 1 YES 2	AUTOPSY MED?	Approximate Intervel Betwonset end Donest en
BY PHYSICIAN: MEDICAL C	ahock, pr heert fellu IMMEDIATE CAUSE (Finel disease pr condition reaulting in death) Sequentially list conditione, if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury that initiated evente reculting in death) LAST PART II. Other algnificant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	a. Gram A DUE TO (OR AS A C. DUE TO (OR AS A d. ASC V) L HOSPITAL: 1 Inpetient 2 ER/Outi 26e. DATE OF INJURY (Month, Day, Year) Due TO (Month, Day, Year)	A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) Dut not resulting in	26. PLACE OF DE OTHER: A Numing Home 5 Ree WORK? 1 YES 2	ven in Part I. ATH (Check only idence 6 Otto	24e. WAS AN A PERFORM 1 YES 2	AUTOPSY MED?	Approximate Intervel Betwonset end Donest en
ETED BY PHYSICIAN: MEDICAL C	ahock, pr heert fellu IMMEDIATE CAUSE (Finel disease Dr condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in deeth) LAST PART II. Other algnificant conditions in the condition of the conditi	a. Gram A DUE TO (OR AS A C. DUE TO (OR AS A d. ASC V) L HOSPITAL: 1 Inpetient 2 ER/Outi 26e. DATE OF INJURY (Month, Day, Year) Due TO (Month, Day, Year)	A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) Dut not resulting in patient 3 DOA 28b. Time INJL Y — At home, farm, at wiedge, death occurrence	26. PLACE OF DE OTHER: Wursing Home 5 Red OF WORK? M 1 YES 2 Irrest, fectory, office	ven in Part I. ATH (Check only idence 6 Otto Cr. C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C	24e. WAS AN A PERFORM 1 YES 2) one) ther (Specify) DESCRIBE HOW IN	AUTOPSY MED? NO	Approximate Intervel Betwonset end Double Intervel Int
BY PHYSICIAN: MEDICAL C	ahock, pr heert fellu IMMEDIATE CAUSE (Finel disease Dr condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in deeth) LAST PART II. Other algnificant conditions in the condition of the conditi	a. Gram A DUE TO (OR AS A DUE TO (OR AS A C. DUE TO (OR AS A d.	A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) Dut not resulting in patient 3 DOA 28b. Time INJL Y — At home, farm, at wiedge, death occurrence	ot enter the mode of dyin ot enter the mode of dyin continued the second of the seco	ven in Part I. ATH (Check only idence 6 Otto Cr. C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C	24e. WAS AN A PERFORM 1 YES 2) one) ther (Specify) DESCRIBE HOW IN	AUTOPSY MED? NO	Approximate Intervel Betw Onset end De Intervel Between

DHMH-18 Rev 1/89



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CERTIFI	ICATE OF	DEATH	REG. N	0.	
		1. DECEDENT'S NAME (First, Middle, Last)	Dobson				2. DATE OF DEATH	21 91	3. TIME OF DEATH
0		4. SOCIAL SECURITY NUMBER		yrs. lest birthdey) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. NOURS MIN.	7, DATE OF BIRTH (Minth Day, Work)	19 6.	BIRTHPLACE (State or Foreign Country)
Sp. de	OR	9a. FACILITY NAME (If not institution, give street)	cond number).	me.	96. CITY, TOWN	OR LOCATION OF DE	Vary lan	9c. COUNTY	of DEATH
Pages 1,	DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	no+	10c. CIT	y, TOWN OR LOCA	TION			10d. INSIDE CITY UMITS? 1 YES 2 NO
permit.		100. STREET AND NUMBER	Johnson		10	H. ZIP CODE	1	10g. CITIZEN	OF WHAT COUNTRY?
020 physician. burlaf-transit	FUNERAL	11. MARITAL STATUS 1 1 Never Merried 2 Married	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	If yes, s	pecity Obban, Mexica	IIC ORIGIN? (Specify on, Puarto Rican, atc.)	fea or No — 14.	RACE — American Indian, Black, White, atc.
nding as the	ED BY	Widowed 4 Divorced 15. DECEDENT'S EDUCAT	TION	16a. DECEDENT'S	USUAL OCCUPATI	S 2 NO Specific		USINESS/INDUS	Specify: Black TRY
21 for u	1 1	(Specify only highest grade co	College (1-4 or 5+)	(Give kind of ville. Do NOT us	work done daring m ne retired.)	ost of working	Cery	ent	niction
YLA by the be del	111	17. FATHER'S NAME (First, Middle, Last)	n			16. MOTHER'S NA	ME (First, Middle, Maid	en Surname) HOD	Dobson
MAR retained 5 should		19a. INFORMANT'S NAME (Type/Print)	ike.	19b. MAILING	South	and Number or Rural	Route Number, City of	own, State, Zip Co	top Md.
ALTIMORE, Jeath. Page 6 may be funeral director, page		20e. METHOD OF DISPOSITION 1 KBurial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)		PLACE AND DATI		7 1		LOCATION City	or Town, Stata
ALTIM death. Page s funeral dire		21. SIGNATURE OF FUNERAL SERVICE IF 1	HEE	>	22. NAME A	AND ADDRESS OF FA	CILITY Benni		h Services
By the by the emoval.		23. PART I. Enter the diseases, or cor			not anter tha m	ode of dyling, suc	h as cardiac or re		
the the		ahock, or heart fallure. Lis IMMEDIATE CAUSE (Final disease or condition	Resign vo	do.	ame.	cT			Onset and Dasth
P 2 2 - 0		resulting in death)	DUE TO (OR AS A	CONSEQUENCE O		3 /			
ficate be execute physician and c ne prior to buria	ATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE O	PIE	to be 1	30		
teath certificate attending physical Hygiene p	TIFIC	CAUSE (Disease or Injury that initiated evants resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	n.e.ros	ion in	to Ro	tur	
the death the atte		PART II. Other algnificant conditions	0	it not resulting	In the underlyi	ng cause given in		AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
COR res that igned b ealth ar	DIC	SP Adenoca	des 20f Sto	mad			100	2 NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
OF VITAL REC HYSICIAN: The law require his certificate has been sig with the State Dept. of He had at Item 23 shows	IAN: M	25. WAS CASE REFERRED TO MEDICAL			28. 1	PLACE OF DEATH (C	neck only one)		
F VITA SICIAN: The certificate h the State I	5 ×		HOSPITAL: Inpatient 2 ER/Output 28a. DATE OF INJURY	ntient 3 DOA	Y	me 5 Rasidence	6 Other (Specify) 28d. DESCRIBE HO	W INJURY OCCU	RED
ON OP DING PHYSI After this of death with	BY	1 Natural 5 Pending Investigation	(Month, Day, Year) 28e. PLACE OF INJURY	IN.	JURY W	YES 2 NO	281. LOCATION (Stre		
CTOR: / after of afte	ETED	3 Suicide 6 Could not be determined	building, atc. (Speci	fly)	and the factor of the		City or Town, St		nural route rumber,
4 4 Z	MPL	(Check only	AN: To the best of my knowledge of the basis of examination						cause(a) and manner as stated.
THE fled	BE	29b. SIGNATURE AND TITLE OF CERTIFIER	15000	MO	D	1096. LICENSE NU	MBER	29d. DATE 5	D/22/S/
5	10	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type	a. Print)	E	ishn	HW	1.14
		31. DATE FILED (Month, Day, Year) OCT 2 5 1991	32. REGISTRAR'S SIGNA		102	1	70.1	4	

OHS M. Blake 120 Sum Honson St. Euston Mt. TO BUT SO HUNGERS, MI 21843

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFI	CATE C	F DEATH	REG. N	0.		
	1. DECEDENT'S NAME (First, Middle, Last					2. DATE OF DEATH	DAY V	3. TIME OF DEA	
	Ire			ffi n			2 1	5:2	5A
	4. SOCIAL SECURITY NUMBER 212-09-4669	1 □ M 2 □X 76	E (In yrs last birthday) YRS.	MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year) Sept. 9, 19		BIRTHPLACE (State or I Country) aryland	oreign
DIRECTOR	98. FACILITY NAME (If not institution, give Memorial Hos				N OR LOCATION OF DI		9c. COUNTY	of DEATH	
EC	10e. STATE 10b. COUN		10c. CITY	TOWN OR LO				10d. INSIDE CIT	~
	Maryland Tall	bot	St	. Mich	aels			LIMITS?	
IAL	10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
FUNERAL	501 W. Har				21663		U.S.	.A.	
8≺	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES, GIVE WAR OR	3 2 X NO	If yee	DECENDENT OF HISPAN , specify Cubsn, Mexice YES 2 NO Specify	n, Puerto Ricen, etc.)		RACE — American Ind Black, White, etc. Specify: White	len,
	15. DECEDENT'S ED (Specify only highest grad	UCATION le completed)	16a. DECEDENT'S U	ork done during	ATION most of working	16b. KIND OF B	USINESS/INDUST	TRY	
COMPLET	Elementery/Secondery (0-12)	College (1-4 or 5+)	III. Do NOI use	retired.)	most or working	TI C T) 4 - 1 · C	7	
M	17. FATHER'S NAME (First, Middle, Last)		Postmast	ter			Postal S	Service	
_		nd Repp				ME (First, Middle, Meide Todd	n Surname)		
BE	19n. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	et and Number or Rural I		un State Zin C-	rin)	
임	James L. Daffin	Sr.			or Rd. St.				
	20a. METHOD OF DISPOSITION	20	D. PLACE AND DATE OF	FDISPOSITION	(Name of		OCATION — City		-
	1 Neuriel 2 Cremetion 3 Res 4 Donetion .5 Other (Specify)	(Divet Cen	netery	Nov.			chaels, Ma	rv
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	0		AND ADDRESS OF FA	CILITY			J
	Harwane	VI Anne	1/		rison E. I S. Talbot				10
	23. PART I. Enter the diseases, or	complications that cause	ed the death. Do no	ot enter the	mode of dying, sucl	h aa cardlac or rea	plratory srreat,	, Approxim	
	iMMEDIATE CAUSE (Final	List only one cause on	each line	,		/		interval E Onset an	Betwe
	disease or condition reaulting in death)	a. Card	4 Kisne	Whory	Corres.	_		1 .	1:22
		DUE TO (OR AS	A CONSEQUENCE OF	11	1	n	9	1 1 2	
S S	Sequentially list conditions,	b. 174 Jan	A CONSEQUENCE OF	Car	the 12 xil	an IKsea	re	12	1
ATI	if any, leading to immediate cause. Enter UNDERLYING	UPE TO (OH AS	A CONSEQUENCE OF).						
FE	CAUSE (Disease or injury that initiated eventa	C. DUE TO (OR AS	A CONSEQUENCE OF)	-					
CERTIFICATION	resulting in death) LAST	d							
	PART II. Other algnificant condition	na contributing to death	but not resulting in	the underly	ulno course china l	Dort I I a			
MEDICAL	Circinone	-11	SPhar	exucer's	And Ke	PERFO	RMED?	24b. WERE AUTOPSY F AVAILABLE PRIOR COMPLETION OF	TO
	(200)	177		1.5	7)	THES THES	2 DINO	OF DEATH?	
						_ /	12 1 2	t 🗌 YES 2 🗍	NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (Che	ock only one)			
200	1 VES 2 NO	HOSPITAL:		OTHER:	ome 5 Residance				
E	27. MANNER OF DEATH	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 26c.	INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCURE	ED	
BY	1 Nstural 5 Pending 2 Accident investigation			M 1	YES 2 NO				
	3 Suicide 6 Could not be 4 Homicide datarmined	26e. PLACE OF INJUR building, etc. (Spe	Y — A1 home, farm, str ecify)	aat, fectory, of	Mica	261. LOCATION (Street City or Town, State		Rural Route Number,	
- 1	An ormation A c								
COMPLE		IICIAN: To the best of my know							
00	2 MEDICAL EXAMIN	ER: On the basis of examination	on end/or investigation,	In my opinion	, death occured at the	time, date end piece, e	nd due to the ce	use(s) and menner as a	tsted.
BE	29b. SIGNATURE AND TITLE OF CENTIFIE	A A	10		29c. LICENSE NUM	BER	29d. DATE SIG	SNED (Month/Day, Year)	
0	IV NOVEC	at !!	1)		DOB	//>	> 1//	12-18/	
	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, P	Print) _ A	M MYS	1 3110			
	31 DATE EILED (Month Down Ward	100 000 0	0 4	1-11	NOIV, 12	1 21601			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGI	NATURE		/				

BALTIMORE, MARYLAND 21215-0020

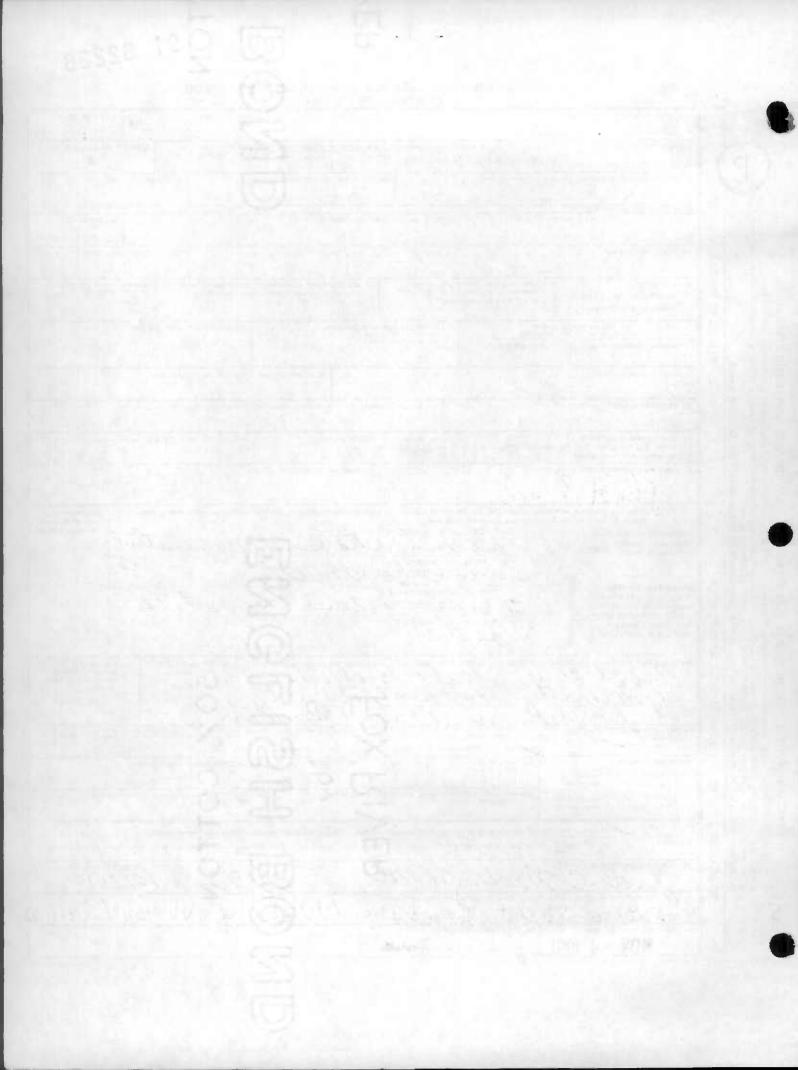
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

D, BALTIMORE, MARYLAND 21215-0020	NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	fler this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages neath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	nt, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed w	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MARYLAN		MENT OF H		MENTAL HYGIENE			
1. DECEOENT'S NAME (First, Middle, Last)		O LITTIN I	DATE OF	DEATH	2. DATE OF DEATH		3. TIME OF OEATH	
Ronald D. Dix	on				10 28	91		A M
4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In y	rrs, lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		HPLACE (State or Fore	elan.
382-84-5923	1 M 2 F	29 YRS.	NONTHS DAYS	HOURS MIN.	(Month, Day, Year) 6/10/62	Coun	try) 1i.	
9a. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY, TOWN C	R LOCATION OF DE		c. COUNTY OF I		
Dorchester Genera	al Hospital							
RESIDENCE OF DECEDENT	ar nospitar		Cambri	age		Dorche	ster	
10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY	
	chester	C	ambridg	e			1 X YES 2 N	Ю
10e. STREET AND NUMBER			10f	ZIP CODE	1	0g. CITIZEN OF	WHAT COUNTRY?	
111 Choptank Av	e.			21613		USA	A	
11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 TYPES OF OATE	.S. ARMED 2 NO	If yes, spi		NIC ORIGIN? (Specify Yes or in, Puarto Rican, etc.) y:	Biac	E — American Indian ck, White, atc. city: Black	1,
15. DECEDENT'S EOUC (Specify only highest grade	CATION 16	Sa. DECEDENT'S U	SUAL OCCUPATION And done during mo	N of unstring	16b. KIND OF BUSIN	ESS/INDUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT use	retired.)	st or working				
12th	1	Nursin	g Aid		Nursing	Home		
17. FATHER'S NAME (First, Middle, Last)			L L 7	18. MOTHER'S NA	ME (First, Middle, Maiden Sui	name)		
Ronald Rodney D	ixon			Shirl	ey Dixon			
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DORESS (Street a	nd Number or Rural	Route Number, City or Town, S	State, Zip Code)		
Jennie Mae Broo	ks	227	Little	Kidwell	St. Centrev	ille, N	D. 21617	
20s. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remo		LACE ANO DATE			OATE 20c. LOCAT	TION — Cily or T	own, State	
4 Donelfon 5 Other (Specify)	Bei	neficial			11/2/91 B			
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME AN	D ADDRESS OF FA	CILITY Bennie S	mith Se	ervices	
NXX AX	inell		P.O.	Box 928	B, Hurlock,	MD. 216	543	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	e coagy	e Hebat	rute 9	Egrati	to	1	
PART II Other significant condition	s contributing to death but	not reaulting in	this underlying	cause givan in	Part I. 24a. WAS AN AU PERFORMI		b. WERE AUTOPSY FIN AVAILABLE PRIOR TO COMPLETION DE CA	O
en Ruloya	Prin Posi	ren	chale	Sheet	The YES 2	NO	DF DEATH?	0
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE OF OEATH (Ch				
1 YES 2 NO	28s. DATE OF INJURY				8 Other (Specify)	10V 000:11-0-		
1 Netural 5 Pending	(Month, Day, Year)	28b. TIME INJU	RY WO	RK?	28d. DESCRIBE HOW INJ	UNT OCCURED		
2 Accident Investigation	28e. PLACE OF INJURY —	At home to -		res 2 No	201 1 00471011 101	I Marchael Co.		
3 Suicide 8 Could not be determined	building, atc. (Specify))	reet, ractory, omic		281, LOCATION (Street and City or Town, State)	Number or Hursl	Houte Number,	
onel	CIAN: To the best of my knowled						(a) and manner as sta	ated.
306. SIGNATURE AND TITLE OF CERTIFIES	Maskingle OCOMPLETED CAUSE OF DEATH	ton M	Print	29c. LICENSE NU	3/108 2	od, DATE SIGNE	O (Month, Day Year)	
Or & Judy Washing	EGIL 408 Byrd	spreate	Scambr	Tidge and	ustige. V	VASI	in ster	2,1
NOV - 4 199	1 Suha Tavids	on Andes	2.					



31. DATE FILED (Month, Day, Year)
NOV 1 2 1991

file Jay woon- Janael

		REGISTRAR			CERTIF	ICATE	OF	DEATH		REG. NO	0.		
		1. DECEDENT'S NAME (First, Middle, Last,								ATE OF DEATH			3. TIME OF DEATH
		JAMES	CURTI	5		De	nn	is		OV ember	DAY 1	991	0730
1	11	4. SOCIAL SECURITY NUMBER			rs. last birthday)	IF UNDER		IF UNDER 24 HR		ATE OF BIRTH		-	IPLACE (State or Foreign
		212-72-2013	1 M 2 F	7	7 YAS.	MONTHS	DAYS	HOURS MIN	. (1	Month, Day, Year)		Count	γ)
1	1	9e. FACILITY NAME (If not institution, give	street and number)		1	Oh CITY	7004/01 0	R LOCATION OF		/9/60			yland
8	Œ					90. CITT,	IOWN	H LUCATION OF	DEATH		9c. COI	INTY OF D	EATH
.2	CTO	PENINSULA GEI	NERAL HOSP	ITAL		S	ALIS	BURY			I I	TCOM	ICO
Pages 1	EC	10e. STATE 10b. COUN'	ГҮ		10c, CIT	Y, TOWN O	R LOCAT	ION					10d. INSIDE CITY
S.	DIRE	Maryland Wico	mico		Sa	lish	uri	,					LIMITS?
permit.		10e. STREET AND NUMBER						ZIP CODE			1		1 XYES 2 NO
sit	ERAL	324 Naylor St	reet				101.	2180	1		10g. CI	USA	VHAT COUNTRY?
020 physician. burial-transit	FUN	t1. MARITAL STATUS	12. WAS DECEDENT			13. V	NAS DECI	ENDENT OF HIS	PANIC OF	IIGIN? (Specify Y	ee or No-	14. BACI	- American Indian,
215-0020 attending physician. se as the burial-trar	BY F	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 X	R OR DATES		- 11	yes, spe	2 X NO Spe	dcen, Pue	erto Rican, etc.)		Spec	r, White, etc.
15.	ED	15. DECEDENT'S EDI	1 1 9 7 8 - 1 9		DECEDENT								can Americ
_ =		(Specify only highest grad	e completed)	184	(Give kind of wiffe. Do NOT us	vork done d				16b. KIND OF BI	USINESS/IN	DUSTRY	
	ايّاا	Elementery/Secondery (0-12)	College (1-4 or 5+)										
AND the hospital detached to once.	COMPLET	12th GRADE		d	isable	d-lab	ore	r		Poultre	y Pla	nt	
	8	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S	NAME (FI	rst, Middle, Maide	n Surneme)		HIDA II
RYL ed by uid be	BE	Calvin Dennis						Hari	iet	t Price			
MAR retained 5 should notified	0	19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	(Street as	nd Number or Rui	ral Route I	Number, City or To	wn, State, Zi	p Code)	
be re	-	HARRIETT DENNI	<u>S</u>		ADDR	ESS	SAME	AS AB	OVE			10747	
IMORE, I Page 6 may be Il director, page ner must be r		209. METHOD OF DISPOSITION		20b. PL/	ACE AND DATE	F DISPOSI	TION (Nat	me of		DATE 20c. L	OCATION -	City or To	wn. State
TOR e 6 ma ector, p		1 X Buriel 2 Cremetion 3 Ren 4 Donetion 5 Other (Specify)	noval from State	Segretar	· cregagne	her PHOL	INES	S CH.,	CE 1	1-15 8	SNOWH.	ILL,	MD
ALTIMOR leath. Page 6 m funeral director,		21. SKINATURE OF FUNERAL SERVICE L	DENSEE	1		-				Jolley	Momo	1127	Chanal
BALTIN fter death. Pag the funeral di oval.		1/1t	hu. 2	1		R+	#2	Boy	920	Jonesu	Post	1 C-	liaburu
0 = 0	_	TRUMA	Meyer	ash	ley	ne.	- 11 4	, DUX .	120,	Jersey	NUAL	' MD	1 <u>i 9885</u> y,
n by rem		23. PART I. Enter the diseases, or shock, or heart tailure.	complications that of	sused the	e death. Do n	ot enter	the mod	de of dying, s	uch as	cardiac or reap	piratory ar	reat,	Approximate
		IMMEDIATE CAUSE (Final	cast origyone cause	Oil each	7								Onaet and Des
		disease or condition resulting in death)	· TAV	00	Coan	1000	0						
ted within 25 completely fill all cremation, event, the		resolving in death)	DUE TO (O	R AS A CO	NSEQUENCE OF	The state of							4 auch
	7	-	· ON	121.45	mite.	5 .							5 Lace
OX 68 e be execut sician and c nior to buris traumatic	0	Sequentially list conditions,	DUE TO IO	R AS A CO	MSEQUENCE OF	3:							Jack
O be be liciar	CATIO	if any, leading to immediate cause. Enter UNDERLYING	Beaut.	0	September 1		1.	P	410		1	. 6	6
Dhy phy	F	CAUSE (Disease or Injury that initiated events	DUE TO (O	R AS A COI	VSEQUENCE OF	CINO :	ang.	icun	ay i	sepod	con	u_	EUUNGU
P.O. h certiing anding Hygie	RTIF	resulting in death) LAST				,			1				
	8		4.										
		PART II. Other significant condition	ns contributing to de	eath but n	ot resulting i	n the und	derlying	cause given	in Part i	24a. WAS AF	N AUTOPSY	24b.	WERE AUTOPSY FINDING
C # 0 # >	EDICAL									PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
Sign Sign										1 YES	2 NO		OF DEATH?
	Σ												1 YES 2 NO
Law law	AN:	DE WAS CASS DESCRIPTION TO LIEUCIA											
VITAL AN: The law tificate has e State Dep	SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF DEATH	Check onl	y one)			
F VIT, SICIAN: Th certificate the State	> 1	t YES 2 NO	t El Inpatient 2 □ E	R/Outpatler	n 3 🗆 DOA			5 - Reeldenc	e 6 🗆 C	Other (Specify)			
OF VITA PHYSICIAN: The this certificate h with the State E rked, or Item	PH	27. MANNER OF DEATH	28e. DATE OF IN (Month, Day,		28b. TIME	OF :	28c. INJU WOF	IRY AT	28d.	DESCRIBE HOW	INJURY OC	CURED	
NG PHYS frer this eath with	B≺	t Natural 5 Pending 2 Accident Investigation				M		ES 2 NO					
OGADO	0	3 Suicide 8 Could not be	28e. PLACE OF I	NJURY - A	t home, ferm, a	treef, fecto	ry, office		281. [OCATION (Street	end Number	or Rural R	oute Number,
DIVISION ON ATTENION ON ATTENION SHEET ON THE SHEET OF TH	2	4 Homicide determined	building, etc	c. (Specify)						City or Town, State	1)		
DIV DIRECTOR A DIRECTOR A HOURS	"	29e. CERTIFIER	ICIANI T. II. A										
Z Z Z =	MPL	(Check only one)	CIAN: To the beet of my	y knowledge	, death occurre	d at the tin	ne, date o	end place, end d	ue to the	ceuse(e) end me	mner ee ata	led.	
HOSPITAL FUNERAL WITHIN 72	8	2 MEDICAL EXAMINI		nination end	n/or investigation	i, in my op	inion, de	ath occured at t	he time, d	date end piece, e	nd due to ti	ne ceuse(e	end menner ee stated,
		29b. SIGNATURE AND TITLE OF CERTIFIE	R	0				29c. LICENSE N	UMBER		29d DAT	E SIGNED	(Month, Day, Year)
HE HE HE MAN	w W	2 ST. SIGNATURE AND THEE OF CENTIFIE	. /	1				290. LICENSE IN			1	E GIGHTED	(MURRI, Day, 19ar)
를 를 를	BE	Willer O	- reces	1	MD.			DO	2	19	> //	.9.	Morkin, Day, Year)
TO THE HOSPI TO THE FUNER be filed within IMPORTANT:	w W		- reces	OF DEATH	(ITEM 27) (Type,	Print)		Do	21	19	> (1	.9.	7 (

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	Surs	in b	or rer	nedi
	24 1	filled	on, o	he
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 m	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner mus
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1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF HEALTH AND	MENTAL HYGI		32230
DECEDENT'S NAME (First, Middle, Lest)	SAMUEL HEN		Dodson, JR	2. DATE OF DEAT	DAY	YEAR 1020 M
4. SOCIAL SECURITY NUMBER 239-34-8539 98. FACILITY NAME (If not institution, give	1 M 2 □ F 71	YRS.	FUNDER 1 YEAR IF UNDER 24 HRS. DHTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea NOV • 10	7)	B. BIRTHPLACE (State or Foreign Country) FARDWICK, VA.
	ENERAL HOSPIT		SALISBURY	DEATH		Y OF DEATH Y I COMICO
100. STATE 10b. COUNT DELAWARE SUS		10c. CITY, 1	TOWN OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
P.O. 14			101. ZIP CODE 19956	6	10g. CITIZI	EN OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 VDIvorced	12. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDENT OF HISP. If yee, specify Cuben, Mexic 1 YES 2 NO Specific Code Speci	can, Puarto Ricen, atc.	Yea or No1	4. RACE — American Indian, Black, White, atc.
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	irre. Do NOT use r	k done during most of working etired.)		BUSINESS/INDU	STRY
17. FATHER'S NAME (First, Middle, Last)	+ 8yrs SAMUEL HE	RETIRED	EDUCATOR IN. SR. 18. MOTHER'S N	PRING FANNIE R		F LAUREL DIST.
190. INFORMANT'S NAME (Type/Print) PATRICIA D. SMAC		19b, MAILING AD	DORESS (Street and Number or Rura DENNIS STREET:	I Route Number, City or	Town, State, Zip C	
20e. METHOD OF DISPOSITION 1	oval from Stata 20b	PLACE AND DATE OF I	DISPOSITION (Name of place)	11-21	ARLING	TON NAT'L CEM.
21. SIGNATURE OF FUNERAL SERVICE LIN	B. Joeley	4	JOLLEY MEMOF SALISBURY, N	RIAL CHAPE	EL, RTE.	. 2, BOX 920
23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. CABPI	OPULMO	enter the mode of dying, su NARY AR		aspiratory arres	Approximata interval Batween Oneat and Dasth
Sequentially list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Diseasa or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF): CONSEQUENCE OF):				
PART II. Other significant condition	d	ut not resulting in t	he underlying causa given is	PER	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
					5 2 NO	OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Styles 2 NO	HOSPITAL:		28. PLACE OF DEATH (C			
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME O	WORK? M 1 YES 2 NO	28d. DESCRIBE HO	W INJURY OCCU	RED
3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, etc. (Speci	— At home, ferm, atre- fy)	et, fectory, offica	28f. LOCATION (Str. City or Town, St	eet and Number or ate)	Rural Routa Number,
			t the time, dete and place, end du n my opinion, death occured at th			
296. SIGNATURE AND TITLE OF CERTIFIER Dy UMU	1 /	1.0	29c. LICENSE NU 209		29d. DATE S	SIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WH DENNIS J. Chuda:	cki QUINCU	TH (ITEM 27) (Type, Pri	Sts. SAlishu	mel.		
31. DATE FIND WY 1 1 2 2 2 2 1991	A REGISTRAR'S SIGNA	TUREndale				

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DIVISION OF V
TO THE HOSPITAL OR ATTENDING PHYSICIAN
TO THE FUNERAL DIRECTOR: After this certif
be filed within 72 hours after death with the IMPORTANT: If Nem 28 is marked, or

	(en 1, 3/3 should	0
BALLIMORE, MARYLAND 21215-0020	fler death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page 1. An the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	al examiner must be notified at once
TALIAL DECONDS, T.O. BOA 88760,	rSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the t In the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	d, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once

FOR 1 - STATE REGISTRAR		MARYLAND C	DEPAR	TMEN	T OF H	HEALTH	AND	MENT	FAL HYGIE!			
1. DECEDENT'S NAME (First, Middle, Lest) ALTHEA				D	7 (1			MO		MY	YEAR 1991	3. TIME OF DEAT
4. SOCIAL SECURITY NUMBER 220-52-0410	5. SEX 1 M 2 F	6. AGE (In yrs. Ia	9 YRS.	IF UNDE	R 1 YEAR	IF UNDE	FR 24 HRS,	7. DA	TE OF BIRTH onth, Day, Year)	-1,1	8. BIRT Coun	HPLACE (State or Fo
90. FACILITY NAME (If not institution, give PENINSULA GE		SPITAL		9b. CIT	Y, TOWN		SBUR			9c. COI	JNTY OF	<u> </u>
10a. STATE 10b. COUNT			10c. CIT	Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY
Maryland Wol	ccester		B€	erli	7	f. ZIP COE	NP.			T		1 TYES 2 X
11805 Fawn Lane					10	218				10g. Cl1		WHAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDEN			13.	WAS DEC	ENDENT	OF HISPAN	VIC ORIG	GIN? (Specify Ya	e or No—	USA 14. BAC	
1 Never Merried 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE W				If yee, sp	ecify Cub	an, Mexice Specify	n, Puer	io Ricen, etc.)		Spec	E — Amarican India ck, White, etc. cify: a c k
15. DECEDENT'S EDU (Specify only highest grad	e completed)	- (C	ECEDENT'S Give kind of w e. Do NOT us	Vork done	during mo	ON ost of work	ing	1	16b, KIND OF BU	SINESS/IN	DUSTRY	92. I
Elementary/Secondery (0-12) 7th grade	College (1-4 or 5 a)	ıseke						Davisso	+-	Tom	: 1
17. FATHER'S NAME (First, Middle, Last)		Inot	ISERE	ene	-1 - U				Priva		ram.	LIY
Henry Davis							H	Ieni	nie Wa	rre	n	
190. INFORMANT'S NAME (Type/Print)		19							imber, City or Tox		ip Code)	
Oscar Davis			1180)5 F	'awn	La	ne,	Be:	rlin,	Md	218	311
20a METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Ren	noval from State		AND DATE C			nne of		D	ATE 20c. LC	CATION -	City or To	own, State
4 Donation 5 Other (Specify)		EVIDY						1				
THE PUNERAL SERVICE LI	CENSEE	TIVCI	rgree	en C				11	1/7 Be	rli	n, N	ld
Doretta K	B. Jol	Pour		22. B	NAME AN	Sa.	list emor	our 1a	Rt. #2 Y, Chal	z, B gja	ox s	Md 920, Je 21801
23. PART I. Enter the disease, Dr shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	complications the List pay one cau	t ceused the dese on each line	eath. Do n	Pot enter	NAME AN	Sa.	list emor	our 1a	Rt. #2 Y, Chal	z, B gja	ox s	920, Je
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Snow Hill, MD

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

ay, M.D. 309 Timmons St.

Albert G. Dacanav
31. DATE FILED (Morth, Dey, Year)
NOV 0 7 1991

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DHMH-16 Rev 1/89

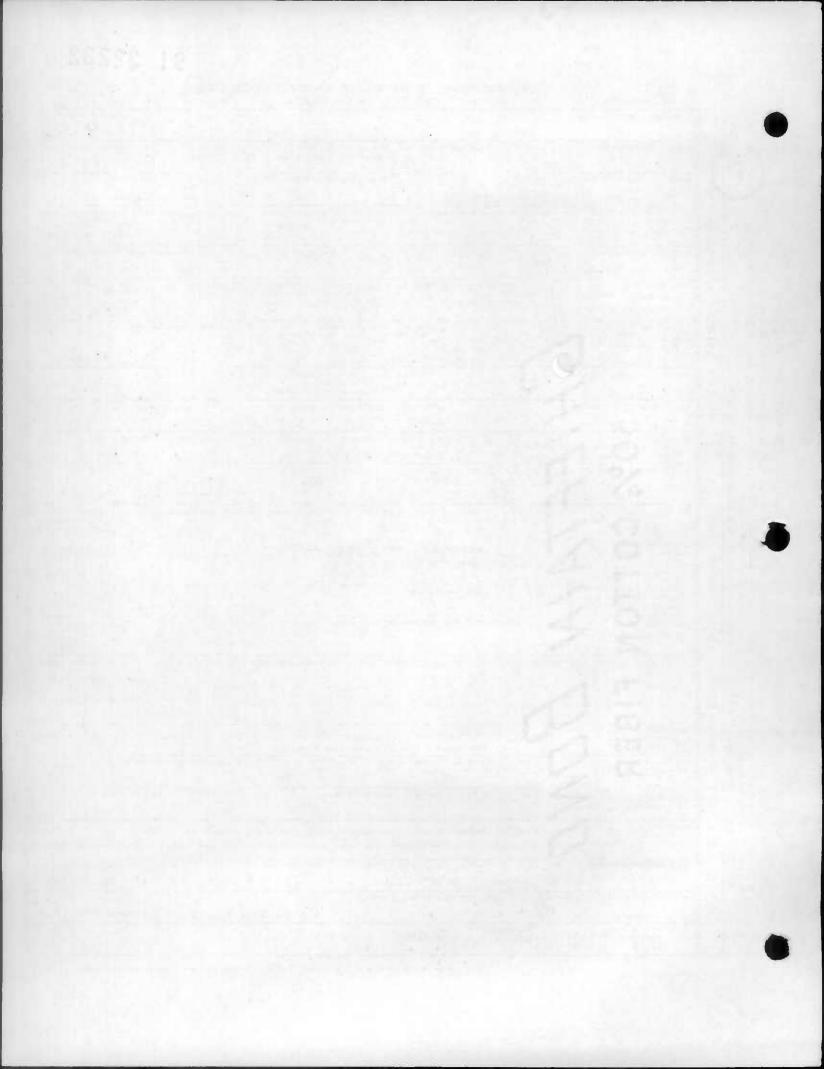
21863

		Ph	الانت
DS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	DING PHYSICIAN: The law requires that the death certificate be executed within k-mours after death. Page 6 may be retained by the hospital or attending physician.	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, seath with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	s marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
E, MARYL	lay be retained by	page 5 should be	t be notified a
BALTIMOR	ter death. Page 6 m	the funeral director, oval.	al examiner mus
1	is nours aft	filled in by on, or remo	he medica
VISION OF VITAL RECORDS, P.O. BOX 13146,	ATTENDING PHYSICIAN: The law requires that the death certificate be executed within es-	IECTOR: After this certificate has been signed by the attending physician and completely filled in by the first after death with the State Dept, of Reath and Mental Hygiene prior to bunal, cremation, or removal.	n 28 is marked, or Item 23 shows any Injury, or other traumatic event, the
DI	TO THE HOSPITAL OR	TO THE FUNERAL DIR.	IMPORTANT: If Item 28 is

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

A. SOCIAL SECURITY NUMBER 5. SEX 18.0—16—5810 1	0.		3. TIME OF DEATH	
SOCIAL SECURITY NUMBER S. SEX R. AGE (in yrs. feet burnlessy) MOSTING MAN MAN MOSTING MAN MAN MAN MAN MOSTING MAN	9 I	YEAR	9:500	
TREATHY NAME (Prior institutions, give served and numbers) SECURITY NAME (Prior institutions, give served and numbers) SECURITY NAME (Prior institutions, give served and numbers) SECURITY TOWN OR LOCATION OF DEATH SALISBURY 100. COUNTY MICOMICO SALISBURY 100. COUNTY MICOMICO SALISBURY 100. CITY, TOWN OR LOCATION SALISBURY 100. CITY, TOWN OR LOCATION SALISBURY 101. VICE DECEMBERS AND SALISBURY 102. LET ODDE 103. MARTIAL STATUS NAME PRIOR AND REMAINS 103. DECEMBERS AND REMAINS 104. SECONDAY (Paper) 105. DECEMBERS AND REMAINS 105. DECEMBERS AND REMAINS 106. CITY, TOWN OR LOCATION SALISBURY 106. CITY, TOWN OR LOCATION SALISBURY 107. LET ODDE 107. LET ODDE 108. DECEMBERS OF HAVE PRIOR OR LOCATION (ROCATION OF HER PRIOR OR COMPANY) 109. DECEMBERS AND REMAINS 109. DECEMBERS AND		8. BIRT	HPLACE (State or Foreign	
SALISBURY BISIOENEE OF DECEDENT SETTIE 100. COUNTY WICOMICO SALISBURY 101. COUNTY WICOMICO SALISBURY 102. COUNTY WICOMICO SALISBURY 103. COUNTY WICOMICO SALISBURY 104. COUNTY WICOMICO SALISBURY 105. CITY, TOWN OR LOCATION SALISBURY 105. CITY, TOWN OR LOCATION SALISBURY 106. CITY, TOWN OR LOCATION SALISBURY 107. CITY TOWN OR LOCATION SALISBURY 108. CITY, TOWN OR LOCATION SALISBURY 109. CITY, TOWN OR LOCATION SALISBURY 109. CITY, TOWN OR LOCATION SALISBURY 108. CITY, TOWN OR LOCATION SALISBURY 109. CITY, TOWN OR LOCATION SALISBURY 109. CITY TOWN OR LOCATION SALISBURY 119. WAS DECEMBER OF HIPPAIN CORRECT ITY WE SET NO. Speeds' 119. WAS	3	MA	RYLAND	
BEDERICE OF DECEDENT S. STATE 105. COUNTY WICOMICO S. STREET AND NUMBER 613 MT HERMON ROAD 105. 27 BOOD MARITAL STATUS New Marriad 105. DECEDENT EVER IN U.S. ARMED FONCES? Now Marriad 105. DECEDENT SEDUCATION (Spin-cly) rolly inspired grades composition. 105. DECEDENT'S EDUCATION (Spin-cly) rolly inspired grades composition. 106. SEAMSTRESS 106. KIND OF B 11 YE 32 DECEDENT'S EDUCATION (Spin-cly) rolly inspired grades composition. 11 YE 32 DECEDENT'S EDUCATION (Spin-cly) rolly inspired grades composition. 11 YE 32 DECEDENT'S EDUCATION (Spin-cly) rolly inspired grades composition. 11 YE 32 DECEDENT'S EDUCATION (Spin-cly) rolly inspired grades composition. 11 YE 32 DECEDENT'S EDUCATION (Spin-cly) rolly inspired grades composition. 11 YE 32 DECEDENT'S EDUCATION (Spin-cly) rolly inspired grades composition. 11 YE 32 DECEDENT'S EDUCATION (Spin-cly) rolly inspired grades composition. 11 YE 32 DECEDENT'S EDUCATION (Spin-cly) rolly inspired grades composition. 12 SEAMSTRESS MARY MAGNESS AND 13 MALING ADDRESS (Street and Number or Paural Paural Marines Composition. 14 DECEDENT'S NAME (Figure Marines) roll inspired grades composition. 15 BURITAL 2 DECEDENT'S EDUCATION 16 BURITAL 2 DECEDENT'S EDUCATION 17 SEAMSTRESS MARY MAGNESS AND 18 DECEDENT'S USUAL OCCUPATION (Spin-cly) rolly	9c. COU	UNTY OF	DEATH	
MICOMICO SALISBURY 101. ZIP CODE 6 13 MT HERMON ROAD 102. WAS DECEDENT EVER IN U.S. ARMED PONCES? 1 TES 2 (JNO) If yes aposity Cuben, Marcian, Puurio Rican, etc.) If yes aposity Cuben, Marcian, Puurio Rican	W]	ICOM	ICO	
STREET AND NUMBER 6 13 MT HERMON ROAD 10. 12 PCODE 2 180 1 MARITAL STATUS PORCES? 1 1 YES 2 (DNO If YES, GIVE WAR OR DATES Widowed 4 Diverced Widowed 5 Diverced Stein DECEDENT'S EDUCATION (If YES, GIVE WAR OR DATES WIGOWED 4 Diverced Stein DECEDENT'S EDUCATION (If YES, GIVE WAR OR DATES SEAMSTRESS MANHA! 18. MCTHER'S NAME (Park Middle, Last) IR. MCTHER'S NAME (Park Middle, Midl			10d. INSIDE CITY LIMITS?	
ALFUS (UNK) ANDREW New Marker Search (First, Microlin, Lan) 12, MAS DECERENT EVER IN U.S., AMBED FORCES? 1 YES 2 (LINO IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: 1 YES 3 YES 3 NO Specify: 1 YES 3			1 YES 2 NO	
Never Married 2 Married PORCES? 1 YES 2 NO If YES 2 NO Specify NO Specify NO Specify NO No No No No No No No		S.A	WHAT COUNTRY?	
College (1-4 or 5 +) SEAMSTRESS MANHA?	/aa or No-	No— 14. RACE — American Indian, Black, White, atc. Specify: WHITE		
Elementary/Secondary (0-12) I Years SEAMSTRESS MANHA AFTHER'S MAME (Finer, Micdie, Lear) ALFUS (UNK) ANDREW MARY MAGNESS ANI 1. MOTHER'S NAME (Finer, Micdie, Lear) MARY MAGNESS ANI 1. MOTHER'S NAME (Finer, Micdie, Lear) 1. MANHAN F. JOHNSON, JR 1. Set MAILING ADDRESS (Street and Number or Paral Route Number, City or R. 128 E. MAIN ST SALISBURY, MD 1. MOTHER'S NAME (Finer, Micdie, Lear) 1. One of the property or other pieces 1. One of the property or other pieces 1. Denators of Disposition Number of Commency, crematory or other pieces 1. Denators of Disposition Number of Commency, crematory or other pieces 1. Denators of Disposition Number of Rural Route Number, City or R. 128 E. MAIN ST SALISBURY, MD 1. Denators of Disposition Number of Commency, crematory or other pieces 1. Denators of Disposition Number of Rural Route Number, City or R. 128 E. MAIN ST SALISBURY, MD 1. Denators of Disposition Number of Rural Route Number, City or R. 128 E. MAIN ST SALISBURY, MD 1. Denators of Disposition Number of Rural Route Number, City or R. 128 E. MAIN ST SALISBURY, MD 1. Denators of Disposition Number of Rural Route Number, City or R. 128 E. MAIN ST SALISBURY, MD 1. Denators of Disposition Number of Rural Route Number, City or Rur	USINESS/INC		WILLE	
SEAMSTRESS MANHA! ALFUS (UNK) ANDREW SINGHMANT'S NAME (Pirst, Middle, Last) ALFUS (UNK) ANDREW SINGHMANT'S NAME (Pirst, Middle, Last) SINGHMANT'S NAME (Pirst, Middle, Last) SINGHMANT'S NAME (Pirst, Middle, Marke ALFUS (UNK) ANDREW SINGHMANT'S NAME (Pirst, Middle, Marke SINGHM				
ALFUS (UNK) ANDREW ALFUS (UNK) ANDREW ALFUS (UNK) ANDREW ALFUS (UNK) ANDREW ARY MAGNESS AND ANDREW 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or R THOMAS F. JOHNSON, JR 128 E. MAIN ST SALTSBURY, MD 20c. PLACE OF DISPOSITION (Name of cemetary, crematory or office piece) PARSONS CEMETERY Boundation S Other (Specify) ANDREAD OF DISPOSITION (Name of cemetary, crematory or office piece) PARSONS CEMETERY Boundation S Other (Specify) ANDREAD OF DISPOSITION (Name of cemetary, crematory or office piece) PARSONS CEMETERY Boundation S Other (Specify) PARSONS CEMETERY Boundation S Other (Specify) Boundation S Other (Specify) PARSONS CEMETERY Boundation S Other (Specify) Boundation S Other (Specify) Boundation S Other (Specify) PARSONS CEMETERY Boundation S Other (Specify) Boundation S Other (Specify) PARSONS CEMETERY Boundation S Other (Specify) Bound	TTAN S	SHIR	T FACTORY	
ALFUS (UNK) ANDREW MARY MAGNESS ANI NOFORMANT'S NAME (**ppa**Print) PHOMAS F. JOHNSON, JR NETHOD OF DISPOSITION DESPOSITION DESPOSITION (**print) DESPOSITION DESPOSITION (**print) DESPOSITION (**print) DESPOSITION (**pr	en Surname)			
THOMAS F. JOHNSON, JR 128 E. MAIN ST SALISBURY, MD 206. PLACE OF DISPOSITION (Name of cemetary, crematory or other place) 206. PLACE OF DISPOSITION (Name of cemetary, crematory or other place) 206. PLACE OF DISPOSITION (Name of cemetary, crematory or other place) 207. PARSONS CEMETERY 22. NAME AND ADDRESS OF FACILITY HOLLOWAY FUNERAL HOME 501 SNOW HILL RD. SAI 1. PART I. Extent the disposes, or compiled on that caused the death. Do not enter the mode of dying, such as cardiac or real place, or condition suiting in death) 208. PLACE OF DEATH (Check only one) 209. PLACE OF DEATH (Check only one) 210. PLACE OF DEATH (Check only one) 220. PLACE OF INJURY (Mont), Day, Near) 220. PLACE OF DEATH (Check only one) 220. PLACE OF INJURY (Mont), Day, Near) 220. PLACE OF DEATH (Check only one) 220. PLACE OF INJURY (Mont), Day, Near) 221. PLACE OF INJURY (Mont), Day, Near) 222. PLACE OF INJURY (Mont), Day, Near) 223. PLACE OF INJURY (Mont), Day, Near) 224. PLACE OF INJURY (Mont), Day, Near) 225. PLACE OF INJURY (Mont), Day, Near) 226. PLACE OF INJURY (Mont), Day, Near) 227. PLACE OF INJURY (Mont), Day, Near) 228. PLACE OF INJURY (Mont), Day, Near) 229. PLACE OF INJUR				
THOMAS F. JOHNSON, JR 128 E. MAIN ST SALISBURY, MD A Burlet 2 Coremation 3 1 - 06 - 9 1 20b. PLACE OF DISPOSITION (Name of cametery, crematory or officer) pieces) PARSONS CEMETERY Donation 5 co Other (Specifix) PARSONS CEMETERY BUILDWAY FUNERAL HOME 50 I SNOW HILL RD. SAI PART I. Eying the disease, or complitations that caused the death. Do not enter the mode of dying, such as cardiac or real place, or event fellure. Lief only one ceuse on each line. MEDIATE CAUSE (Final sease or condition suiting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQU		In Code)		
METHOD OF DISPOSITION Burlet 2 C Cremation 3 Donation 5 of Other (Specify) PARSONS CEMETERY Solid piece) Donation 5 of Other (Specify) PARSONS CEMETERY Solid piece) PARSONS CEMETERY PARSONS CEMETERY Solid piece PARSONS CEMETERY Solid piece PARSONS CEMETERY Solid piece PARSONS CEMETERY Solid piece PARSONS CEMETERY POLIC PARSONS CEMETERY PARSONS CEMETERY POLIC PARSONS CEMETERS	2 18(
PARSONS CEMETERY SA	LOCATION —		Fown State	
22. NAME AND ADDRESS OF FACILITY HOLLOWAY FUNERAL HOME 501 SNOW HILL RD. SAI plock, or heart fellure. Lief only one ceuse on each line.				
HOLLOWAY FUNERAL HOME 50 SNOW HILL RD. SAI DOING, or heart fellure. Liet only one ceuse on each line. MEDIATE CAUSE (Final sease or condition suiting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR	ALISBU	UKY,	MARYLAND	
MEDIATE CAUSE (Final sease or condition suiting in deeth) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A	LISBUI		MD 21801	
WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 28a. PLACE OF INJURY AT NORK? Month, Day, Year) 28b. TIME OF 18JURY AT NORK? Month, Day, Year) 28c. PLACE OF INJURY AT NORK? Month, Day, Year) 28c. PLACE OF INJURY AT NORK? Month, Day, Year) 28c. PLACE OF INJURY AT NORK? Month, Day, Year) 28c. PLACE OF INJURY AT NORK? Month, Day, Year) 28c. PLACE OF INJURY AT NORK? Month, Day, Year) 28c. PLACE OF INJURY AT NORK? Month, Day, Year) 28c. INJURY AT NORK? MONTH YES 2 NO 28c. PLACE OF INJURY AT NORK? City or Town, Sta			lyr.	
EXAMINER? YES 2	AN AUTOPSY ORMED?	Y 24	Ib. WERE AUTOPSY FINDI AMAILABLE PRIOR TO COMPLETION OF CAUS DF DEATH? 1 YES 2 NO	
EXAMINER? YES 2				
1 YES 2 NO 1 Inpetiant 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Raeldence 8 Other (Specify) MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 28c. INJURY AT WORK? 28d. DESCRIBE HOW MONTH 1 YES 2 NO 28d. DESCRIBE HO				
MANNER OF DEATH Metural 5				
Netural S Pending Investigation Succident Pending Investigation Succident S Could not be determined S	W INJURY OC	CCURED		
2 Accident 3 Suicide 4 Homicide 5 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, Sta 28t. LOCATION (Street, factory) City or Town, Sta 28t. LOCATION (Street, factory) City or Town, Sta 28t. LOCATION (Street) City or Town, Sta				
(Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and mone) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place,	LOCATION (Street and Number or Rural Route Number, City or Town, State)			
The College Co	and due to t	the cause	o(a) and manner as state	
July 1 1024818	P	11-	-4-91.	
NAME AND ADDRESS OF PERSON WHO CONFLETED CAUSE OF DEATH (ITEM 37) (NOW PAIN) JOSEPH J. Welch III MD 707 Comden au	٠, ٢	Sal	les berg. H	



32233 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH MONTH 1 1 3. TIME OF DEATH DAY 9 Susan C. Dorsey 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Month, Day, Year) 6-25-14 212-03-0060 1 🗌 M 2 🔯 F Howard Co. 9a. FACTLITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Howard County Gen. Hospital DIRECTOR Columbia Howard RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Howard Columbia permit. 1 1 YES 2 | NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Cedar In. Columbia, Md. 21044 21044 burial-transft USA retained by the hospital or attending physician 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or NoIf yee, specify Cuban, Maxican, Puarlo Rican, atc.) BALTIMORE, MARYLAND 21215-0020 t4. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Married FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES BY 1 YES 2 NO Specify: Specify: White 3 Widowed 4 Olvorced be detached for use as the 16s. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Homemaker Domestic 17. FATHER'S NAME (First, Middle, Last) te. MOTHER'S NAME (First, Middle, Maiden Surname) John R. Clarke Janie R. Clark at BE notified a 19a. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
9821 Cypressmede Dr. Ellicott City, 14d21042 2 David Clarke urs after death. Page 6 may be page pe 20s. METHOD OF DISPOSITION

1 X Burial 2 Cremetion 3 Ramoval from State
4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must funeral director, Woodlawn 11-12 Baltimore, Md. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Slack Funeral Home 1100535 3871 Old Columbia Pike E.C. Nd.21043 in by the medicai 23. PART / Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onaet and Death the disease or condition Meta sorbre Adewo. Can from o bunal, cremation reaulting in death) certificate be executed within traumatic event, DUE TO (OR AS A CONSEQUENCE OF): Fed stage COPO 5 y-c. CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): 9 if any, leading to immediate cause. Enter UNDERLYING the attending physician Mental Hygiene prior to Seizuce CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST 6 the death Injury, PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS and been signed by or. of Health and 3 shows any I AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? that PERFORMED? 1 YES 2 LHO 1 TES 2 NO has be Dept. PHYSICIAN: . OR ATTENDING PHYSICIAN: The law DIRECTOR: After this certificate has bhours after death with the State Dept. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) tem After this certificate death with the State HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 YES 2 HO 0 27. MANNER OF DEATH 28a. DATE OF INJURY marked, 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) S 3 Suicide 28I. LOCATION (Street and Number or Rural Route Number, City or Town, State) 0 8 Could not be 28 4 Homicide H Item 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desib-securred at the time, data and place, and due to the cause(e) and manner as stated. COMPL TO THE HOSPITAL
TO THE FUNERAL (
be filed within 72 h
IMPORTANT: If II 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and piece, end due to the cause(e) end mennar as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 品 29d. DATE SIGNED (Month, Oay, Year) 0 28246 11/ 11/91 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CADS- OF DEATH (ITEM 27) (Type, Print) 10298B Baltimore Nat'l. Pk., Ellicott City, ID 21042 James Otto, M.D. 31. DATE FILED (Month, Day, Year) 12 32 REGISTRAR'S SIGNATURE '91 rate Davidson Pandall

the state of the s

The Mary San San San Car Street San Car Street San Car San Car Street San Car Street San Car S

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

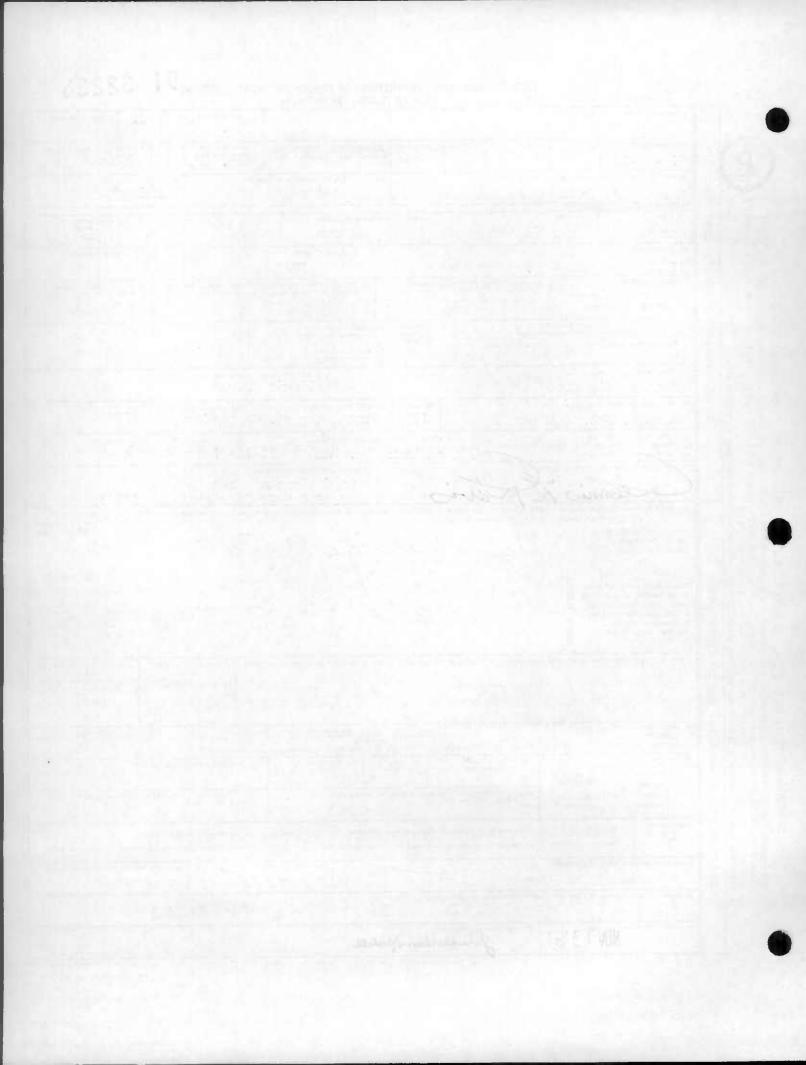
FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3223

CERTIFICATE OF DEATH

REG. NO.

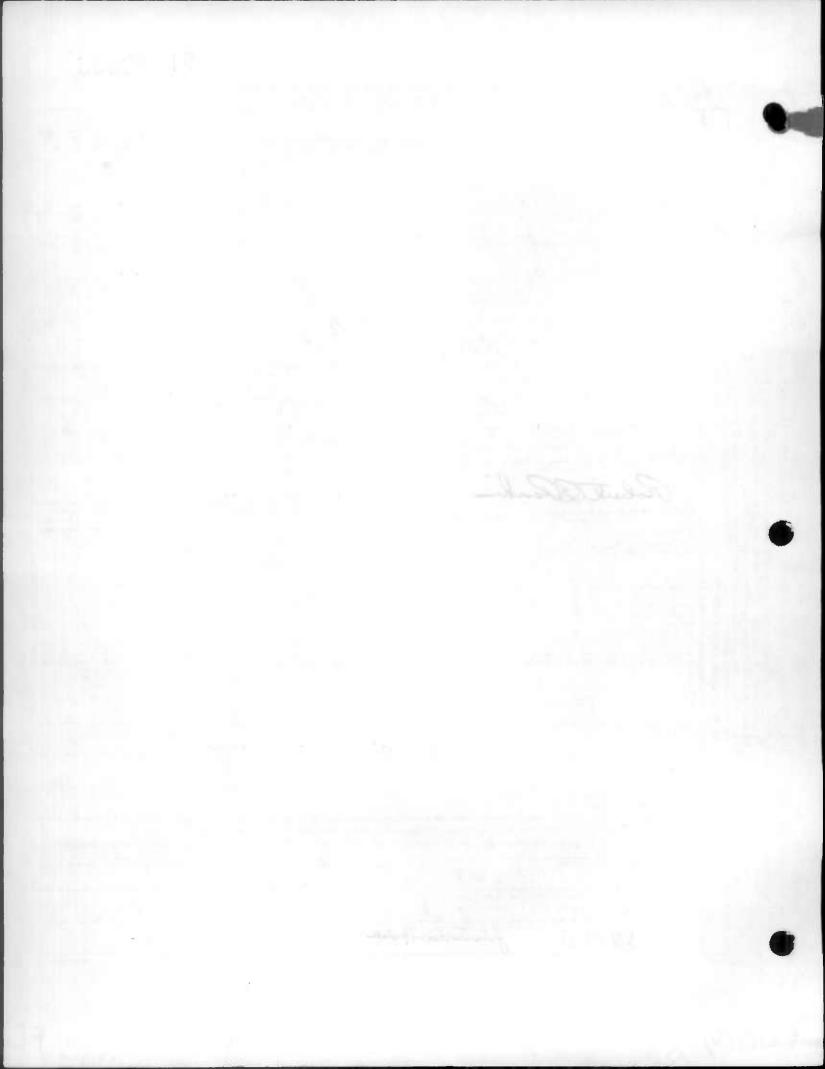
1 - STATE REGISTRAR		011112	Ci	ERTIF		F DEATH	MEMIN	REG. NO.			in the U is	
1. DECEDENT'S NAME (First, Middle, Lest) ROY WILLIAM DELAUTER							No.	2. DATE OF DEATH PAY 1999AR			3. TIME OF DEATH	
4. SOCIAL SECURITY NUME 215-05-7306		5. SEX 1)(M 2 F	6. AGE (In yrs. les	YRS.	IF UNDER 1 YE		7. DATE	DATE OF BIRTH (Month, Day, 2004), 1907 Mc		8. BIRTH	8. BIRTHPLACE (State or Foreign Land	
90. FACILITY NAME (# not in Washington RESIDENCE OF DEC		l	96. CITY, TOWN OR LOCATION OF Hagerstown						nty of D			
100. STATE Maryland	10b. COUNTY	nty 10c. CITY, TOWN OR LOCATION HAROLTA FOLIA								10d. INSIDE CITY LIMITS?		
100. STREET AND NUMBER 11308 Green						101. ZIP CODE 21740		10g. CITIZEN (1 YES 2 X NO WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 X Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DI				2 NO If yes, specify ATES 1 YES 2			NDENT OF HISPANIC ORIGIN? (Specify Yea lify Cuban, Mexicen, Puarto Rican, etc.) NO Specify:					
(Specify only	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)				USUAL OCCUP work done during the retired.) Carpen	most of working	16b. KIND OF BUSINESS/IND Building					
17. FATHER'S NAME (First, M. Charles Del						18. MOTHER'S N	AME (First,	Middle, Maiden				
19a. INFORMANT'S NAME (7)			191	b. MAILING	ADDRESS (Stre	et and Number or Rura	I Route Num	nber, City or Town	. State, Zip	Code)	7.4.0	
Grace R. De	ON		20b. PLACE	NDDATEC	OF DISPOSITION	berry Rd.	пад			217 City or To		
1X Burtal 2 Committee 4 Conston 5 COher 21. SEGNATURE OF FUNERAL	(Specify)		Cedar	Lawn	Mem.	Park 1	11-12	-91 Has	gersa	town,	MD	
Cyten	nis /	RN	twis		Da	and address of Funer	ial H		h a 111	017	162	
23. PART I. Enter the di	seases, or creart fallura. L	omplications that ist only one cau	causad the de	ath. Do n	ot enter tha	moda of dylng, au	ch as can	dlac or reapi	LG ML	rast,	Approximata	
IMMEDIATE CAUSE (Fin disease or condition reaulting in death)		Que	to C	OUENCE OF	dia	c ar	rest	1			Intarval Batween Onset and Death	
Sequentially list condition if any, leading to immediate. CAUSE (Disease or injuitant initiated avants resulting in death) LAST	flata NG ry c.	Cher Cher DUE TO	siclerot	DUENCE OF	ardeni E Pr	la Di	Jean Ori	e			10 ys.	
PART II. Other algnification	nt conditions	contributing to	death but not r	esulting i	n the undarly	ing causa givan le	n Part I.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS	
								1 TES 2			AVAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO		HOSPITAL:	FR/Outpatient 1	□ DOA	OTHER:	PLACE OF DEATH (C						
27. MANNER OF DEATH 1 Netural 5 5	28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. IN. INJURY WC				INJURY AT WORK? YES 2 NO	The state of the s						
3 Suicide 8 0	Could not be latermined	28a. PLACE OF building, o	INJURY — At horoto. (Specify)	me, ferm, s	treet, factory, o	Mice	28f. LOC City	8f. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)				
29a. CERTIFIER (Check only one) 1 CERTI	FYING PHYSICI	AN: To the best of ax	my knowledga, der	ath occurre	d at the time, d	ete and place, and du	e to the car	use(a) and men	ner as stat	ed.	and menner as stated	
2 MEDICAL EXAMINER: On the besis of exemination end/or investigation, in my opinion 29b. SIGNATURE AND TITLE OF CERTIFIER Charles & Herry 2002						DO 45					(Month, Day, Year)	
30. NAME AND ADDRESS OF		/	E OF DEATH (ITEM	27) (Type,	Sm of	kshure	ano	0 21	78.2			
31. DATE FILED (Month, Day,)	13'91	32. REGISTRA	r's signature Fulia David			0						



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR	SIAIE UF MARTE		MENT OF HEALT CATE OF DEA		REG NO		
1, OECEOENT'S NAME (First, Middle, Last)				2. D/	ATE OF DEATH		3. TIME OF DEATH
ETHEL	GABE	EDWARD	S	0.00	NTH DAY	-	AR 3:10 A
4. SOCIAL SECURITY NUMBER			-	ER 24 HRS. 7. DA	TE OF BIRTH	8. 1	BIRTHPLACE (State or Foreign
214-09-0861		7 YRS.	IONTHS DAYS HOURS	Aug	gust 14,	1904	Maryland
9a. FACILITY NAME (If not institution, give	street and number)	9	96. CITY, TOWN OR LOCA	TION OF DEATH		9c. COUNTY	OF DEATH
Cumbersland Nurs	sing Center		Cumberlan	d		Alleg	any
10a. STATE 10b. COUNT	ТҮ	10c. CITY,	TOWN OR LOCATION				10d. INSIDE CITY LIMITS?
Maryland Wash	hington	Hage	rstown				1 X YES 2 □ NO
10e. STREET AND NUMBER			101. ZIP CC	DE		10g. CITIZEN	OF WHAT COUNTRY?
12 South Walnut	Street		217	40		II. S	S.A.
11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DECENDENT		IGIN? (Specify Yea		RACE - American Indian,
1 Never Married 2 Married	FORCES? 1 YES		If yes, specify Cu	ban, Maxican, Puas O. Specify:	rto Rican, atc.)		Black, Whita, atc. Specify:
3 X Widowed 4 Divorced			1	о оросну.			white
15. DECEDENT'S EDI	UCATION	18a. DECEDENT'S US	SUAL OCCUPATION		18b. KIND OF BUS	INESS/INDUST	
(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	rk done during most of wor retired.)	rang			
4		Housewif	e				
17. FATHER'S NAME (First, Middle, Last)				THER'S NAME (Fir	st, Middle, Malden	Sumame)	
Harry R.	Palmer	- - -		Maude		Α.	Gabe
19a, INFORMANT'S NAME (Type/Print)	1 a I iile I		ADDRESS (Street and Num.		lumbar Chan T		
	-						·
Harry C. Edwards			lley View				
20a. METHOD OF DISPOSITION 1 ty Burial 2 □ Cremation 3 □ Rer	moval from Stata	other place)	TION (Name of cemetery, c	rematory or			or Town, Stata
4 🗇 Donation 5 🗆 Other (Specify)		ose Hill (erstow	n, Maryland
21. SIGNATURE OF FUNERAL SERVICE L	JCENSEE A		22. NAME AND ADD	RESS OF FACILITY	MINNICH	Funer	al Home
M.D. 0 19	La la		415 E. Wi	lson Bly			m, Maryland
23. PART I. Enter the diseeses, or	complications that cause	d the deeth. Do no					
ehock, or heart feliure			r annai tha mode of				
MARKEDIATE CALLOT ITS 1	. man only one ocuse on .	decii iiile.		,,	ourdied of reopt		Interval Between
IMMEDIATE CAUSE (Finel		. 6	1		Jan 3100 01 100p		
disease or condition reaulting in death)		. 6	auest				Interval Between
disease or condition		. 6					Interval Between
disease or condition resulting in death)		erdiae					Interval Between
disease or condition	DUE TO (OR AS	erdiae	:		and the respi		Interval Between
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF):	:		and an eagh		Interval Between
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b. DUE TO (OR AS	A CONSEQUENCE OF):	:		and an eage		Interval Between
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	b. DUE TO (OR AS	A CONSEQUENCE OF:	:		and an eager		Interval Between
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in deeth) LAST	b. DUE TO (OR AS O. DUE TO (OR AS d.	A CONSEQUENCE OF): A CONSEQUENCE OF):					Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in deeth) LAST	b. DUE TO (OR AS c. DUE TO (OR AS d. Due To (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF):				AUTOPSY	Interval Between Onaet and Deati Onaet Ona
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in deeth) LAST	b. DUE TO (OR AS O. DUE TO (OR AS d.	A CONSEQUENCE OF): A CONSEQUENCE OF):			I. 24s. WAS AN	AUTOPSY MED?	Interval Between Onaet and Deati
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	b. DUE TO (OR AS c. DUE TO (OR AS d. Due To (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF):			I. 24s. WAS AN PERFOR	AUTOPSY MED?	Interval Between Onaet and Death Onaet and Dea
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in deeth) LAST	b. DUE TO (OR AS c. DUE TO (OR AS d. Due To (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF):			I. 24s. WAS AN PERFOR	AUTOPSY MED?	Interval Between Onaet and Deati Onaet O
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in deeth) LAST	b. DUE TO (OR AS c. DUE TO (OR AS d. Due To (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF):	: : tha underlying ceua		I. 24s. WAS AN PERFOR	AUTOPSY MED?	Interval Between Onaet and Deati Onaet O
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa recuiting in death) LAST PART II. Other significent conditions.	DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in	tha underlying coua	e given in Part i	I. 24a. WIAS AN PERFOR	AUTOPSY MED?	Interval Between Onaet and Deati Onaet O
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST PART II. Other significent conditions are conditions of the condit	DUE TO (OR AS	A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF: but not resulting in	tha underlying coua tha underlying coua 28. PLACE OI OTMER: 4 Nursing Home 5	e given in Part	I. 24a. WIAS AN PERFOR 1 YES 2	AUTOPSY MED? NO	Interval Between Onaet and Deati Onaet O
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in deeth) LAST PART II. Other significent conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Naturel 5 Pending Investigation 3 Suicide 8 Could not be detarmined. 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER.	DUE TO (OR AS DUE TO	A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF: Dut not resulting in Experient 3 DOA 28b. Time INJU Y — At home, farm, strengthy) Wiedge, death occurred on and/or investigation.	28. PLACE OF	e given in Part F DEATH (Check on Realdence 8 0 28d. 2 NO 281. ace, and due to the cursd at the time, incense NUMBER	I. 24a. WAS AN PERFOR 1 YES 2 Other (Specify) DESCRIBE HOW II LOCATION (Street of City or Town, State)	AUTOPSY MED? NO NJURY OCCUR and Number or noer as stated. ad dus to tha c	Interval Between Onaet and Deati Onaet



1	FOR STATE REGISTRA
	1. DECEDENT'S N
ı	HAZEI

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO		
1. DECEDENT'S NAME (First, Middle, Last)			- 11	T. F. T. T.	2. DATE OF DEATH	~ 6, 1991	3. TIME OF DEATH
A REAL PROPERTY.		EMERICK				.,	
4. SOCIAL SECURITY NUMBER 233-44-5756	5. SEX 8. AGE		HITHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 02-16-1	Coun	HPLACE (State or Foreign try)
94. FACILITY NAME (If not institution, give SACRED HEART HO		91	CUMB	ERLAND,	ATH MD	9c. COUNTY OF ALLEGA	
RESIDENCE OF DECEDENT							
MD AL	legany		Sava				10d. INSIDE CITY LIMITS? 1 YES 2 XXO
10e. STREET AND NUMBER	209017	1110		f. ZIP CODE		100 CITIZEN OF	WHAT COUNTRY?
Route 1 Box 12				21545		USA	
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	IN U.S. ARMED 2 THIS DATES	If yes, sp		IIC ORIGIN? (Specify Yan, Puarto Ricen, atc.)	a or No— 14. RAC Blac Spec	E — American Indian, ck, White, etc. offy: White
15. DECEDENT'S EDI (Specify only highest grad	le completed)	16a, DECEDENT'S US (Give kind of work life. Do NOT use n	UAL OCCUPATI k done during me stired.)	ON ost of working	18b. KIND OF BU	ISINESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	former	emplo	7700	Toxel	tile	
12		TOTILET	Cubro	-			
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Meiden	Surname)	
Claude A. Pa	ancake			haze	el E. Spee	lman	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	ODRESS (Street		Route Number, City or Tox		
Mag Charalas D	Emorei al-						
Mr. Charles R.					Savage, M		
20a, METHOD OF DISPOSITION 1 Social 2 Cremation 3 Res		b. PLACE AND DATE Of cemetary, crematory or	other place)			OCATION — City or T	
4 Donetion 5 Other (Specify)		Restlawn	Memori	al Park	11-9 I	LaVale, N	
21. SIGNATURE OF FUNERAL SERVICE L	JCENSEE	. 1		ND ADDRESS OF FA			
I Vane 7	Alcayo	Mi			uneral Hom MD 21502	ne	
23. PART . Entar the diseases, or	complications that cause	ed the death. Do not				piratory arrest,	Approximata
ahock, or haart failure	. List only one cause on	each lina.					Interval Between
IMMEDIATE CAUSE (Final disease or condition	MA + A	t. A.					Onset and Daa
resulting in death)	. Welasta	he Can	cer				Syrs
	DUE TO (OR AS	A CONSEQUENCE OF):	. ^	^			
	. Adenoca	mon some	Of 17	omit			1 476
Sequantially list conditions,	OUE TO (OR AS	A CONSEQUENCE OF):	1				1 0
if any, laading to immediata cause. Entar UNDERLYING			,				
CAUSE (Disease or Injury	C. DUE TO (OR AS	A CONSEQUENCE OF:					
that initiated events reaulting in death) LAST	DOE TO (OIT AG	A CONSECUENCE OF J.					
Todaking in oddiny 250	d	11017					
PART II. Other algnificant condition	one contributing to death	but not regulting in	the underlyin	on course alven in	Part I. 24a. WAS AF	u autroney a	b. WERE AUTOPSY FINDING
PART II. Other aignineant conduct	0 = 9u	amore 0		ig cause givan in	PERFO	RMED?	AVAILABLE PRIOR TO
	1-10-000	amous Ce	a care	Luoma of 1	actor 1 TYES	2 NO	OF DEATH?
	arterional	profilectors	MITTER	rulan de	(Cart		1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL					and and another		
EXAMINER?	HOSPITAL:	10	THER:	LACE OF DEATH (Ch	eck only one)		
1 TYES 2 NO	1 inpatient 2 ER/Ou			me 5 🗆 Raaldenca	8 Other (Specify)		
27. MANNER OF DEATH	28a. DATE OF INJURY			JURY AT	28d. DEŞCRIBE HOW	INJURY OCCURED	
1 Natural 5 Pending	(Month, Day, Year)	INJUR		ORK? YES 2 NO			
2 Accident Investigation	28a PLACE OF INJUS	Y — Al home, farm, atre	uit factory offi	CO.	28f. LOCATION (Street	and Number or Rura	I Route Number
3 Suicide 8 Could not be 4 Homicide detarmined	building, alc. (Sp		,,,		City or Town, State		, , , , , , , , , , , , , , , , , , , ,
Groun Gray	SICIAN: To the best of my kno	wledge, death occurred	at the time, dat	e end place, and due	to the cause(a) and me	anner as stated.	
One) 2 MEDICAL EXAMI	NER: On the beels of examinat	on and/or investigation,	In my opinion,	death occured at the	lime, data and place, a	and due to the cause	e(e) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFI	FRO O	1)		29c, LICENSE NUI	MRFR	29d DATE SIGNE	ED (Month, Day, Year)
A DE LA COLLEGE	13 /	alo m		DIJ	412		
Wagne	-C-613 2	1			TY3	1-7-	7 (
30. NAME AND ADDRESS OF PERSON W		The second secon					
WAYNE SPIGGLE,	M.D. BMG	112 SETON	DRIVE	CUMBERLA	ND, MD 2.	1502	
31. DATE FILED (Month, Pay, Year)	32. DEGISTRARIS SIG	NATURE					
NOV 0 2 10	Q1 Sulia Mund	run_Banda D2					

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

5. SEX

Queen Annes

1 PCM 2 □ F

James 4. SOCIAL SECURITY NUMBER

28

RESIDENCE OF DECEDENT

1 -

DIRECTOR

10a. STATE

Maryland

10e. STREET AND NUMBER

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FUNERAL burial-transit Waterman's Court Apt. 2A death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR OATES 11. MARITAL STATUS 13. WAS DECENDENT OF 1 Never Merried 2 Merried If yes, specify Cuber 1 TYES 2 NO BY 3 Wildowed 4 Divorced use as the l ETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comple be detached for Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 12th Crew Supervisor notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTH James M. Evans Sr. 8 page 5 should 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number 2 Barbara W. Evans Waterman's Court 90 20e. METHOD OF DISPOSITION
1 № Burlat 2 □ Cremetion 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name must funeral director, Donetion 5 - Other (Specify) Veterans Cemetery the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRES I Troy Bean P.O. Box 9 removal. 23. PART I. Enter the dissesse, or complications that caused the death. Do not enter the mode of dyl filled in by shock, or haart failure. List only one cause on each line 0 IMMEDIATE CAUSE (Finsi attending physician and completely fille mal Hygiene prior to burial, cremation, disease or condition event, resulting in death) traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, isading to immediate cause. Enter UNDERLYING Cirr certificate CAUSE (Disesse or Injury Injury, or other een signed by the attending phy of Health and Mental Hygiene that initiated events resulting in dasth) LAST alcoholism monic PART II. Other significant conditions contributing to death but not resulting in the underlying cause g the MEDICAL shows any s certificate has been sith the State Dept. of H d, or item 23 show PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF D HOSPITAL:
1 Pinpetient 2 ER/Outpetient 3 DOA OTHER: 1 YES 2 NO DR ATTENDING PHYSICIAN: 27. MANNER OF DEATH 28e. DATE OF INJURY 28c. INJURY AT WORK? 28b. TIME OF marked, this c 1 Natural 5 Pending 1 YES 2 BY After 1 death Investigation 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) FUNERAL DIRECTOR: After within 72 hours after dea 3 Suicide COMPLETED S Could not be determined 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end pleca HOSPITAL 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occur TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 29b. SIGNATURE AND TITLE OF CERTIFIER 8 MID

STATE OF MARYLAND / DEPARTMENT OF HEALTH

lan

Center

8. AGE (In yrs. last birthday)

CERTIFICATE OF DEAT

10c. CITY, TOWN OR LOCATION

Grasonville

TMENT OF HEALTH AND M CATE OF DEATH	MENTAL HYGIENE REG. NO.	32237
5	10 11 9	S. TIME OF DRAW
IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	(Month, Day, Year) 5-14-36	BIRTHPLACE (State or Foreign Country) Maryland
9b. CITY, TOWN OR LOCATION OF DE	S An	re Arundel
asonville		10d. INSIDE CITY LIMITS? 1 YES 2 NO
101. ZIP CODE 21638		ISA
13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexice 1 YES 2 NO Specify	ItC ORIGIN? (Specify Yea or No- 1- n, Puerto Rican, atc.)	4. RACE — American Indian, Bleck, White, etc. Specify: Black
USUAL OCCUPATION rork done during most of working a retired.)	16b. KIND OF BUSINESS/INDUS	STRY
upervisor 18. MOTHER'S NA	Queen Annes ME (First, Middle, Maiden Surname)	C. Commission
Mary ADDRESS (Street and Number or Rural I	Curtis Evans	iode)
rman's Court Apt	. 2A Grasonvill	e, Md. 21638
or Disposition (Name or other place) Ins Cemetery 1	DATE 20c. LOCATION CI	36.1
22. NAME AND ADDRESS OF FA	Bennie Smith	Services
P.O. Box 928,	Hurlock, MD. 2	16/2
	h ss cardiac or respiretory arre-	Approximats Interval Batween Onest and Death
	h ss cardiac or respiretory arre-	Approximats Interval Batween Onest and Death
	h ss cardiac or respiretory arre-	Approximats Interval Batween Onest and Death
rointestinal arices hosis	h ss cardiac or respiretory arre-	Approximats Interval Batween Onest and Death
pointestinal arices	h ss cardiac or respiretory arre-	Approximats Interval Batween Onest and Death
rointestinal arices	hemorrhage	Approximate Interval Batween Onest and Death 3 - 4 hrs. 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ances hosis	h as cardiac or respiratory arrespiratory arrespiratory arrespiratory arrespiratory arrespiratory arrespiratory arrespiratory arrespiratory performed?	Approximate Interval Batween Onest and Death 3 - 4 h is 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE
nointestinal ances hosis holisua n the underlying cause given in 26. PLACE OF DEATH (Ch	Part I. 24e, WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	Approximate Interval Batween Onest and Death 3 - 4 hrs. 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
rointestinal arices hosis holisua In the underlying cause given in 28. PLACE OF DEATH (Ch OTHER: 4 Nursing Home 5 Residence E OF 28c. INJURY AT	Part I. 24e, WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ointestinal carices cointestinal carices cointestinal carices cointestinal coin	Part I. 24e, WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
TOINTESTINAL TO	Part I. 24e, WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 26d. DESCRIBE HOW INJURY OCCL 281. LOCATION (Street and Number of City or Rown, State)	Approximate Interval Batween Onset and Death 3 - 4 h s 24b. Were autopsy findings Available Prior To Completion of Cause Of Death? 1 YES 2 NO
rointestinal p: arices p: dosis nolisus In the underlying cause given in 26. PLACE OF DEATH (Ch OTHER: 4 Nursing Home 5 Residence E OF 28c. INJURY AT WORK?	Part I. 24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 26d. DESCRIBE HOW INJURY OCCU. 281. LOCATION (Street and Number of City or Town, State) to the ceuse(a) end manner as attated time, data end placa, end due to the MBER 29d. DATE	Approximate Interval Batween Onset and Death 3 - 4 h s 24b. Were autopsy findings Available Prior To Completion of Cause Of Death? 1 YES 2 NO

32. REGISTRAR'S SIGNATURE is he Day ason Randelle

M.D.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

eters

Vichael

Year) 5

31. DATE FILED (Month, Day,

10

2

	TO THE HOSPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, crematoral, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	ed wit	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fibed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	even
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FOR STATE REGISTRAR	STATE OF MA	CERTI	ILONIE	/ UEATH		REG. NO	,		2238	
	John Patrio	ck Emers	son		2. DATE	of DEATH	9:	VEAD	TIME OF DEAT	р
4. SOCIAL SECURITY NUMBER 212-30-4556 9a. FACILITY NAME (If not Institution,	1 M 2 - F	AGE (In yrs. last birthda 59 YRS	MONTHS DAY	S HOURS MIN.	11	OF BIRTH th, Day, Year)	31	Country) Maryl		elgn
Memorial RESIDENCE OF DECEDEN	Hospital		East	ON OR LOCATION OF	DEATH		Tal	bot	1	
Maryland 10b. CC	Queen Anne		Centrevil					1	INSIDE CITY LIMITS?	10
Rt.1 Box 81				101. ZIP CODE 21617			USA	N OF WHAT		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 X X vorced	12. WAS DECEDENT E FORCES? 1 X IF YES, GIVE WAR 1952-1954	XES 2 □NO OR DATES	If yes	DECENDENT OF HISP, specify Cuban, Maxie	can, Puarto	N? (Specify Yar Rican, atc.)	n or No-	Bleck, Wh	American India lita, atc.	l _e
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)		(Give kind e	of work done during use retired.)	ATION most of working	16	b. KIND OF BU	SINESS/INDUS	STRY		
12		Steam I	Fitter &	Welder						
17. FATHER'S NAME (First, Middle, Las				18. MOTHER'S N	AME (First,	Middle, Maiden	Surname)			
Henry Donlin I				Bessi						
19a. INFORMANT'S NAME (Type/Print)				et and Number or Rura				ode)		
Lauretta Schoelk	opf			ane, India	napol	is, IN	46250			
20s. METHOD OF DISPOSITION 1 □ Burlal 2 ◯ X Cremation 3 □ 4 □ Donation 5 □ Other (Specify)		20b. PLACE AND DAT cemetery, cremetory of Delmarva	r other plecel		0+25		cation — cit	,		
21. SIGNATURE OF FUNERAL SERVICE	CE LICENSEE									
23. PART I. Enter the diseasea, shock, or heart fail IMMEDIATE CAUSE (Final	, or complications that course. List only one cause	auaed the death, Dr) New 200	and address of F nam Fune S. Harrison	ral H n St.,	ome Easton	, MD 2	21601	Approxima Interval Be Onset and	we
23. PART I. Enter the diseases, shock, or heart fail IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Let TO (OR DUE TO (OR	auaed the death, Dr	New 200 s	AND ADDRESS OF FAMOR Funes. Harrison mode of dying, au	eral H	ome Easton	, MD 2	21601	Approxima Interval Be	we
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23. PART I. Enter the diseases, shock, or heart fail IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other algnificant conductions are conducted to the conducted to	a. DUE TO (OR DUE TO (OR d. HOSPITAL:	auaed the death. Dr pn each line. R AS A CONSEQUENCE	New 200 s o not enter the corp. OF): OF): OF): OF): OTHER:	And Address of Finam Fune S. Harrisol mode of dying, au Addis	ral Hn St., ch as car	OME Easton diac or respi	AUTOPSY	24b. WERI	Approxima Interval Be Onaet and 18 June 2 Language E Autopsy File Lable Prior 1 Plettin DF C. DEATH?	Don
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23. PART I. Enter the diseases, shock, or heart fail IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other algnificant cond 25. WAS CASE REFERRED TO MEDICAEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation of the condition of the conditio	a. DUE TO (OR b. DUE TO (OR c. DUE TO (OR d. DUE	auaed the death. Dr pn each line. R AS A CONSEQUENCE AS A CONSEQ	New 200 so not enter the control of so not enter the contr	AND ADDRESS OF FINAM Funds. S. Harrisol mode of dying, au additional mode of dying, au additional mode of dying, au additional mode of dying au additional mode of dying cause given in place of Death (Coome 5 Residence in Jury AT WORK? YES 2 NO mice and place, and du and place, and du	Part I. Part I. Part I. 28d. DE: 28f. Loc City a to the car	OME Easton diac or respiration diac or respira	AUTOPSY MED? NO NJURY OCCUP	24b. WERI AWAR COMMOF D	Approximatinterval Be Onaet and 18 June 20 Jun	The state of the s
23. PART I. Enter the diseasea, shock, or heart fail IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditiona, if any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST PART II. Other algnificant cond 25. WAS CASE REFERRED TO MEDICE EXAMINER? 1	AL HOSPITAL: 1 Vinpatiant 2 Es. DATE OF INN. (Month, Day, 1) 28s. PLACE OF IN building, stc. 28s. PLACE OF IN building, stc.	auaed the death. Do neach line. R AS A CONSEQUENCE AS A CONSEQUE	New 200 so not enter the control of so not enter the contr	AND ADDRESS OF FINAM Funds. S. Harrisol mode of dying, au additional mode of dying, au additional mode of dying, au additional mode of dying au additional mode of dying cause given in place of Death (Coome 5 Residence in Jury AT WORK? YES 2 NO mice and place, and du and place, and du	Part I. Pert I.	OME Easton diac or respiration diac or respira	AUTOPSY MED? NO NJURY OCCUP and Number or or as stated. d dua to tha c	24b. WERI ANNI COMMOF D	Approxima Interval Be Onaet and I & J.	The Dear of the De

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W LE	bee pt.	n 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
le la	has	12
	he law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attri	he law requires that the death certificate be executed within 24 yours after death. Page 6 may be retained by the hospital or attribuse has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use 1 bept, or Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other traumatic event, the

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50 DIRECTOR: /

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31. DATE FILED (Month, Day Mar) 29

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DIVISION OF VITAL RE OR ATTENDING PHYSICIAN: The law Pages 1, 2

inding physician. as the burial-transit permit.

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATN 3. TIME OF DEATH approxopM Mildred W. 1991 Fogwell Oct 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 6. BIRTNPLACE (State or Foreign IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. 1 M 2 F 218-82-5722 YRS 82 April 1909 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN DIRECTOR (at home) Possum Hollow Rd Worton Kent 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY MD Kent 1 YES TO NO Worton 10e. STREET AND NUMBER FUNERAL 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? Possum Hollow Road 21678 12. WAS DECEDENT EVER IN U.S. ARMED 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: 1 Naver Married 2 Married Specify: BY 3 Widowed 4 Divorced White ED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple (Give kind of work done life. Do NOT use retired.) COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) 6 Homemaker Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Lenora Mabbitt George Watts BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 21620 Meeks Chestertown, MD 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, Sista 20a. METHOD OF DISPOSITION

1 Suriel 2 Cremation 3 Removal from State

4 Donellon 5 Other (Specify) Chester Chestertown, Cemetery 21. SIGNATURE OF BUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Fellows-Wells Funeral Home ary 413 High St., Chestertown, MD 21620 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cardiac or respiratory arrest, ahock, or heert fellure. Liet only one cause on each line. Approximate Interval Between Onset and Deeth IMMEDIATE CAUSE (Finel diseese or condition Sudden death reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, If eny, leeding to immediate cause. Enter UNDERLYING CHF CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): thet initieted evente AKID resulting in deeth) LAST PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert I. PHYSICIAN: MEDICAL 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF DEATN (Check only one) HOSPITAL: OTHER:
4 | Nursing Nome 5 | Residence 1 | Inpetient 2 | ER/Outpetient 3 | DOA a
Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 284 DESCRIBE NOW INJURY OCCURED INJURY 1 Natural 5 Pending м 1 YES 2 NO BY 2 Accident Investigation 26e. PLACE OF INJURY — At home, ferm, atreet, factory, office building, aic. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined 60 4 Nomicide ET COMPL 1 _ CESTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one) IMPORTANT: II EDICAL SCAMPILES. On the basia of examination and/or investigation, in my opinion, death occured at the time, data and placa, and due to the cause(a) and manner ea stated. SIGNATURE AND TITLE OF CENTRAL 29c. LICENSE NUMBER 29d. DATE SIGNED (Month Day, Year) BE D 36054 > 10 91 2 30. NAME AND ADDRESS OF PRIORI WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

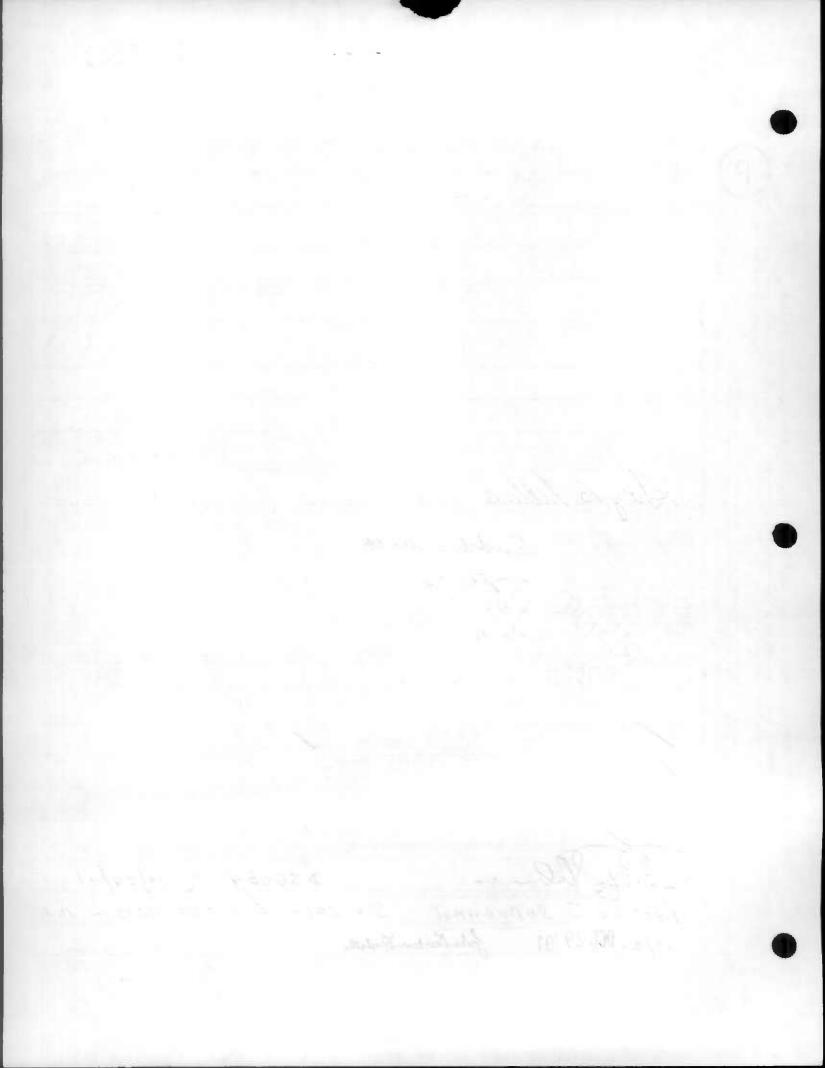
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32. REGISTRAR'S SIGNATURE

1 Julia Davidson-Randale

mes

516 WASH AUC CHEIPERTON



FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 08 ENORA 8. BIRTHPLACE (State or Foreign 7. DATE OF BIRTH 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday) IF UNDER 24 NRS. 920 BRIDGEVILE 1 🗌 M 2 🔀 F 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 9a. FACILITY NAME (If not institution, give street and number) 2,38 DIRECTOR CAMBRIDGE lom RESIDENCE OF DECEDENT Pages 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 TES 2 NO should be detached for use as the burial-transit permit. 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 00 61 Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☐ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuban, Maxican, Puerto Rican, atc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indien Black, White, etc. 1 Neger Merried 2 Married BY 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) be notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) SAMUE NEW COM 19a. INFORMANT'S NAME (Type/Print) page 5 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION must Burial 2 Cremation 3 Removal from State director. OF 4 ☐ Donation 5 ☐ Other (Specify) medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY the funeral after death. 000 S10 Washing an 0 23. PART I. Enter the diseases, or complications that caused the deeth. Do not anter the mode of dying, euch as cardiac or respiratory erreat, Approximate filled in by ahock, or heart failura. List only one ceuse on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final the disease or condition_ completely resulting in death) other traumatic event, and com CERTIFICATION Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events SEQUENCE OF the attending physician a Mental Hygiene prior to be CONSEQUENCE OF): resulting in death) LAST 0 Injury, 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PART II. Other significant conditions contributing to death but not reaulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? been signed by the eny 1 | YES 2 | NO shows 1 | YES 2 | NO HOSPITAL OR ATTENDING PHYSICIAN: The law FUNERAL DIRECTOR: After this certificate has be within 72 hours after death with the State Dept. If alon 28 is marked, or Item 23 is 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO ng Home 5 🗆 Residence 8 🗆 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY 1 Netural 5 Pending 1 YES 2 NO BY 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 6 Could not be COMPLETED 4 Homicide 1 CERTHYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE FUNERAL C be filed within 72 h IMPORTANT: If IN (Check only one) 2 🗌 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month. Day, Year) BE 표 PPS 2 IPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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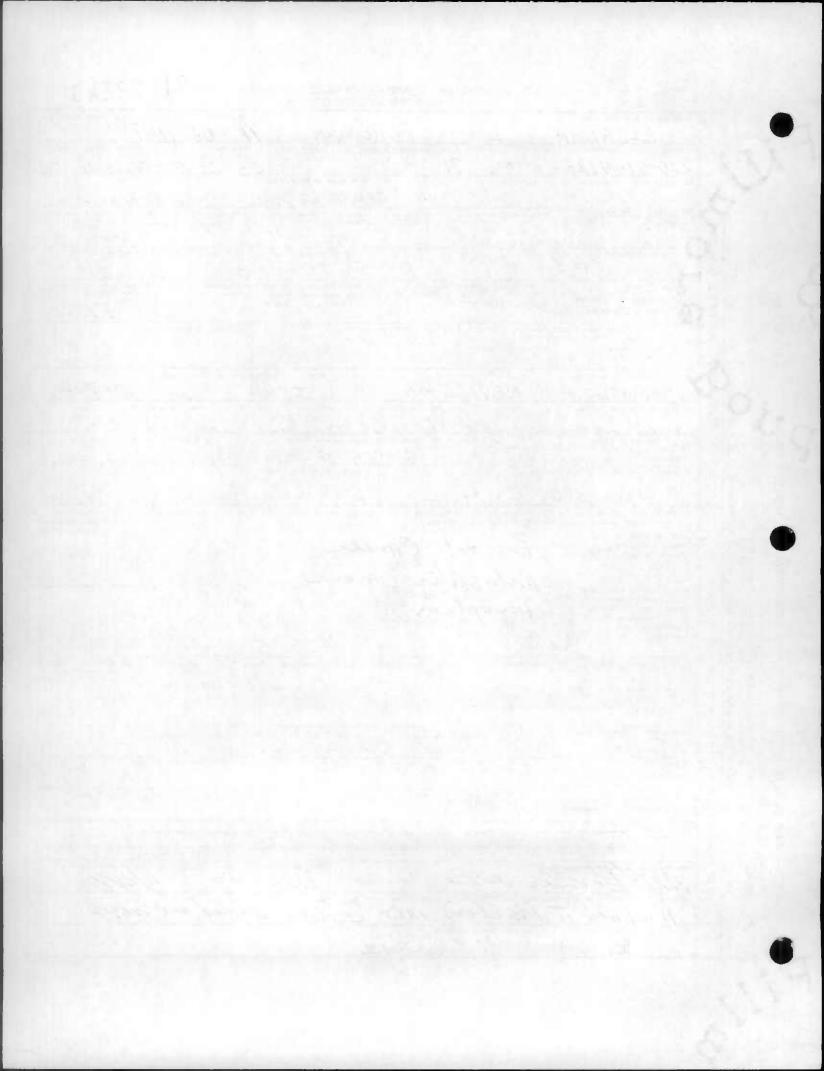
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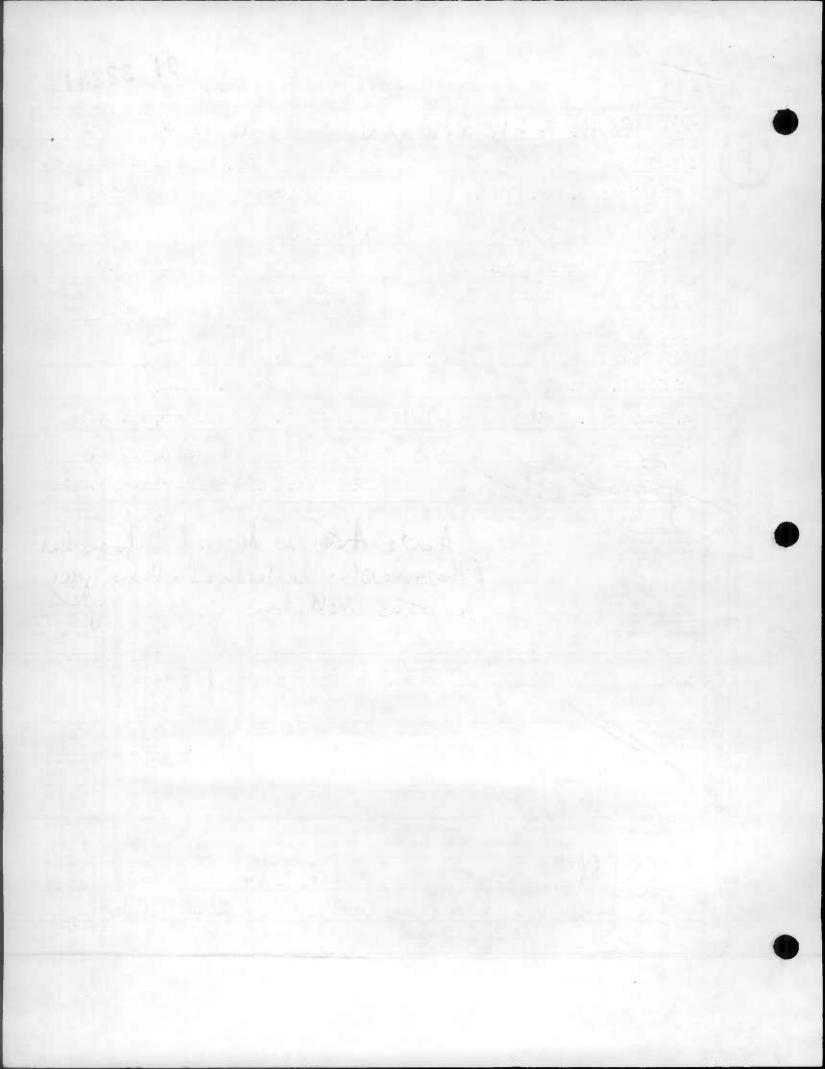
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32. REGISTRAR'S SIGNATURE

whia Davidson



	- STATE REGISTRAR		CERTIFICATE	OF DEATH	REG. NO.		
	1. DECEDENT'S NAME (FISC MINDS LINE)	F. Flor	hmann)	2. DATE OF DEATH DA	0 /	3. TIME OF DEATH
)	4. SOCIAL SECURITY NUMBER 212-05-0264	6. AGE (In	yrs. last birthday) IF UNDER YRS. MONTHS	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) AUQ 17	6. Bi	RTHPLACE (State or Foreignintry) Stertown, N
POF	9a. FACILITY NAME (It not institution, give: Baltimore Co.		9b. CITY.	Randallst	DEATH	9c. COUNTY C	
DIRECTOR	10e. STATE 10b. COUNT	r Baltimore	10c. CITY, TOWN O	R LOCATION Listerstown			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL I	106. STREET AND NUMBER 12615 Goresmi			101. ZIP CODE 2 1 1	36	10g. CITIZEN (OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 000	MAS DECENDENT OF HISP. f yes, specify Cuban, Mexic YES 2 NO Specific	can, Puerto Rican, etc.)	5	IACE — American Indian Black, White, etc. Specify: Vhute
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) High School	JCATION o completed) College (1-4 or 5+)	18a. DECEDENT'S USUAL OC (Give kind of work done of life. Do NOT use retired.) C. & P. To	ECUPATION Sturing most of working ELEPHONE CO	16b. KIND OF BUS	SINESS/INDUSTR	ıy
ш	17. FATHER'S NAME (First, Middle, Last) William H. Carro	el		18. MOTHER'S N	Lie R. Mc	Sumama) Cauly	
TO B	190. INFORMANT'S NAME (Type/Print) Mr. Lawrence W. F	eeischmann		(Street and Number or Rure Tes Mill Rd			
	20g, METHOD OF DISPOSITION 1 (X Burlai 2 Cremation 3 Ren 4 Donation 5 Other (Specify)		PLACE OF DISPOSITION (Na. other place)			Baltimo	
	ans &	CENSEE		name and address of the Eunera		sterst	own, Md.211
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c)%	CONSEQUENCE OF):	Mollit.	Myoun Missors	d. dr.	faith been year
4: MEDICAL C	PART II. Other algnificant condition	na contributing to death bu	it not resulting in the un	derlying cause given	n Part i. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FII AMAILABLE PRIOR COMPLETION OF C OF DEATH? 1 YES 2 N
PHYSICIAN:	25. WAS CASE REFERRED TO SEDICAL EXAMINER?	HOSPITAL:	oTHER	26. PLACE OF DEATH (
	27. MANNER OF DEATH 1. Natural 5 Pending	28a, DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCURE	D
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Special	— At home, farm, street, fact		26t. LOCATION (Street City or Town, State	end Number or R	ural Route Number,
PLE	onel only	SICIAN: To the best of my knowle					use(s) and menner as a
BE COM	296. SIGNATURE AND TITLE (1) THE TEN			29c. LICENSE N			NED (Month, Day, Your)
10	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DEA		102+	101 -	0	1111110
	31. DATE FILED (Month, Day, Your)	2 REGISTRAN'S SIGNA	1)	14 (out 1	2 Duite 2	of Ker	Julistan M



FOR

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. urs after death. Page 6 may be retained by the hospital or attending physician. IMPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - REGISTRAR		CERTIF	ICATE	OF DE	ATH	REG. NO.	_		and i ha
	1. DECEDENT'S NAME (First, Middle, Last) AMOS D	FRIEND				2 DATE OF DEATH BAY 9 LEAR		9 LEAR	04TIME 8F DEATH	
	4. SOCIAL SECURITY NUMBER 212-38-5381	1 🔀 M 2 🗌 F	6. AGE (In yrs. last birthday) 49 YRS.	IF UNDER 1	YEAR IF UN DAYS HOUR	DER 24 HRS. S MIN.	7. DATE OF BIRTH (Month, Day, Year) May 3, 19	42	Country	PLACE (State or Foreign y) Yland
OR	90. FACILITY NAME (If not institution, give s NORTH ARUNDEL HO	SPITAL AS	SOCIATION	96. CITY, T	EN BUR	NIE		_		COUNTY
DIRECTOR	Maryland Anne	Arundel		y, town on n Buri						10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	100. STREET AND NUMBER 207 1st Ave., Mar	1ev			10f. ZIP C					HAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT	EVER IN U.S. ARMED YES 2 NO R OR DATES	If y	S DECENDEN	T OF HISPAI	NIC ORIGIN? (Specify Yas in, Puerto Rican, etc.)		S . A . 14. RACE Black Specif	- American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 1 2	CATION completed) College (1-4 or 5+)	life Do NOT II	work done dur se retired.)	ring most of wo	rking	166. KIND OF BUS	INESS/IND	DUSTRY	
COM	17. FATHER'S NAME (First, Middle, Last)				18. M	OTHER'S NA	ME (First, Middle, Maiden	Surname)		
BE	Jerry John Frier	nd					a Moats			
2	Jerry L. Friend						Route Number, City or Town			
	20e. METHOD OF DISPOSITION 1	oval from State	20b. PLACE AND DATE Cometery, cremetory or o	OF DISPOSITI	ON (Name of		y, Glen Bu DATE 20c LOG 1/15/91 Ca	CATION —	City or Tox	
	21. SIGNATURE OF PUNERAL SERVICE LIC	EHOJE .	2	22. NA Ki	rkley	Fune	ral Home			21061
	23. PART I. Enter the disesses, or can shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition	complications that clust only one cause	caused the death. Do re on each line.	not enter th	e mode of	dylng, suc	h as csrdiac or respl	retory srr	rest,	Approximate interval Between Onset and Death
	resulting in death)	DUE TO (C	OR AS A CONSEQUENCE OF	F):	THE	Asy	role			Juintes
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initisted events resulting in death) LAST	С	OR AS A CONSEQUENCE OF		yops	my				buo
DICAL	PART II. Other significant condition	s contributing to d	esth but not resulting	n the unde	erlying caua	given in	Part I. 24e. WAS AN PERFORI	MED?		WERE AUTOPSY FINDINGS AVAILABLE PRIDR TO COMPLETION DF CAUSE OF DEATH?
PHYSICIAN: ME	t YES 2 NO									
YSICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3 🗆 DOA	OTHER:	26. PLACE OF		8 Other (Specify)			
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26e. DATE OF IN (Month, Day,		URY	C. INJURY AT WORK?	□ NO	28d. DESCRIBE HOW IN	JURY OCC	CURED	
	3 Suicida 8 Could not be 4 Homicide datarmined	28e. PLACE OF building, at	INJURY — At home, farm, a c. (Specify)	itraet, factory.	, offica		281. LOCATION (Street en City or Town, State)	nd Number	or Rural Ro	oute Number,
COMPLET	29e. CERTIFIER (Check only medical example)	CIAN: To the best of m	y knowladge, death occurre	nd at the time	o, data end pla	ce, end due cured at the	fo the cause(s) end men	ner as atate	ed. a cause(s)	end menner es atatad.
BEC	250. SIGNATURE AND TUTLE OF CENTIFIER	1	- MO		29c. L	CENSE NUM	IBER	29d. DATE	SIGNED	(Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF PEATH HIEM 37 FYPACIFIND DRIVE, SUITE 105/GLEN BURNIE,

July Davidson Mindell

DHMH-16 Rev 1/89

MARYLAND

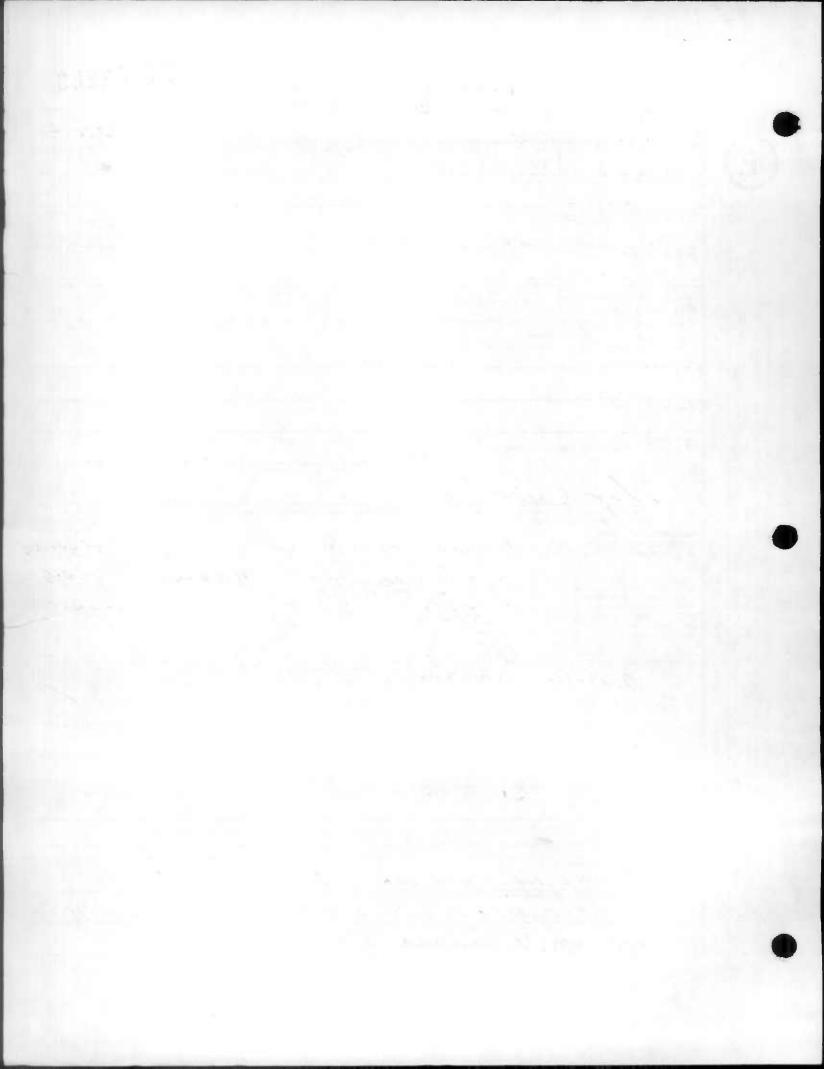
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BALTIMORE, MARYLAND 21203-3146	be re	age 5
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a	HYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 multing the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.
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N OF VITAL RECORDS, P.O. BOX 13146,	ate be	ysician prior
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3. TIME OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 10,00 A Nov. <u>Alvin C. Fazenbaker</u> 1991 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 4, SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS 1 M 2 | F Dec.23 1922 69 YRS. 217-18-4403 9s. FACTLITY NAME (If not institution, give street and number 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Residence Queen Anne's Crumpton RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY 1 X YES 2 NO Md. Oueen Anne's Crumpton 10g. CITTZEN OF WHAT COUNTRY? 10e. STREET AND NUMBER 101. ZIP CODE FUNERAL P.O. Box 21628 US 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Y YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married If yes, specify Cubsn, Msxicsn, Pusrto Rican, stc.) 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced White World War 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY Elsmentary/Secondary (0-12) Collega (1-4 or 5+) Railroad Pipefitter Railroad Unknown must be notitled at once. 17. FATHER'S NAME (First, Middle, Last) Albert S. Fazenbaker Irene Stuby BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 2 Alvin C Fazenbaker Jr Box 9 Crumpton, Md. 21628 28. METHOD OF DISPOSITION
1 ☐ Burist 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, Stats 4 ☐ Donation 5 ☐ Other (Specify) _ Bloomington, Cemetery
22. NAME AND ADDRESS OF FACILITY Bloomington, medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Boal-Warnick Funeral Home Church St. Westernport. 21562 23. PART i. Enter the disease, or complicatione that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, Approximate ehock, or heert fallure. List only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Final the diseese or condition Lecond TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremat IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, regulting in deeth) curi a PHYSICIAN: MEDICAL CERTIFICATION Sequentielly list conditione, If eny, leeding to immediate couse. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE mellitus 1 TYES 2 THO OF DEATH? 1 YES 2 NO 28. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL **EXAMINER?** 1 YES 2 NO OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY Investigation 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be BE COMPLETED 4 Homicids 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dus to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Morgh, Day, Year) 29c. LICENSE NUMBER SASEK, MD. 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print, MILAN 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Solia Navidson - Andelle



8760, BALTIMORE, MARYLAND 21215-0020	uted within 24 nours after death. Page 6 may be retained by the hospital or attending	completely filled in by the funeral director, page 5 should be detached for use as the rital cremation, or removal.	c event, the medical examiner must be notified at once
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-firs be filled within 72 hours after death with the State Debt. of Health and Mental Migiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once

REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest)			RTIFICA				REG. NO			3. TIME OF DEA	ATH
WILLIAM		FRENCH	I			1 ()	тн 2	6 1	9 9 1	2:10	P
4. SOCIAL SECURITY NUMBER	5. SEX	B. AGE (In yrs. lest bit		NDER 1 YEAR	IF UNDER 24 HRS		E OF BIRTH		8. BIRTI	NPLACE (State or	_
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9a. FACILITY NAME (If not Institution, give stre	eet end number)		9b. (CITY, TOWN	OR LOCATION OF			-	JNTY OF C		
PENINSULA GENE	RAL HOS	PITAL		SALIS	BURY			WI	COM	ICO	
10a. STATE 10b. COUNTY		1	10c. CITY, TOV	VN OR LOCA	TION					10d. INSIDE CIT	~
Delaware New Ca	stle	N	Newark							LIMITS?	
10e. STREET AND NUMBER		11	WCWAL IS		1. ZIP CODE			teg. CIT	TIZEN OF	WNAT COUNTRY?	× 14.
324 Thayer Court G	lasgow F	Pines			19702				USA	8	
11. MARITAL STATUS	12. WAS DECEDENT		D	13. WAS DEC	CENDENT OF HISP	ANIC ORIG	IN? (Specify Ye	s or No-	_	E — American Inc k, White, atc.	llan,
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAT				acify Cuban, Maxi 2 X NO Spe		Rican, atc.)		Spec	itty:	
15. DECEDENT'S EDUCA	ATION	La prom								white	
(Specify only highest grade of	completed)	(Give I	DENT'S USUA kind of work do NOT use retin	one during my	ON ost of working	16	b. KIND OF BU	ISINESS/IN	DUSTRY		
Etamentary/Secondary (0-12)	College (1-4 or 5 +)		diver	00.7			self-	omo 1	2017		
17. FATNER'S NAME (First, Middle, Last)			diver		18. MOTNER'S P	AMF (First			Jyeu.		
Gary A. French							Benne				
19a. INFORMANT'S NAME (Type/Print)		19b. M	MAILING ADDR	RESS (Street a	and Number or Rura				ip Code)		
Judith E. French					RD#2 Mar			19964			
20a. METNOD OF DISPOSITION 1 Burlet 2 Cremetion 3 Remov	val from State	20b. PLACE AND			eme of	DA	TE 20c. L	CATION -	- City or To	own, State	
4 Donation 5 Other (Specify)		Capitol			10	-28-	91 Do	ver,	DE		
21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE	//		22. NAME A	NO ADDRESS OF	ACILITY					
		/									
23 PART I. Enter the diseasea, or ahock, or heart failure. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Drown	ing and	Air E	Pippii 119 W	n Funera . Cam-Wy ode of dying, au	1 Ho	P . TATY	omino diratory ar	n, DI	E 19934 Approximinterval I	etv
IMMEDIATE CAUSE (Final disease or condition	Drown DUE TO (0	on each line.	Air E	Pippii 119 W	n Funera . Cam-Wy ode of dying, au	1 Ho	P . TATY	omino	rest,	Approxin	etv
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	Drown DUE TO (O	AS A CONSEQUE	Air E	Pippin 119 W Inter the mo	n Funera Cam-Wy ode of dying, au	AL HO	e , Wy diac or reap 24a. WAS AI PERFO	AUTOPSY	rest,	Approxin Interval I Onaet an O	d D Findi
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	Drown DUE TO (O	AS A CONSEQUE	Air E	Pippin 119 W Inter the mo	n Funera Cam-Wy ode of dying, au	AL HO	e , Wy diac or reap 24a. WAS AI PERFO	AUTOPSY RMED?	rest,	Approxin Interval I Onaet an O	d D
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	1 - STATE REGISTRAR		RYLAND / DEPA CERTI	FICATE	OF HEALTH	H H	TAL HYGIENI REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last JACK ERNEST FI	•				MC	ATE OF DEATH	Y YI	EAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday	IF UNDER 1	YEAR IF UNDER 2	I O	TE OF BIRTH	9.	4-	7:00 p
	213-10-9281	1 XM 2 - F	74 YRS.		DAYS HOURS	MIN. (M	25-1916		Country)	land
~	9a. FACILITY NAME (If not institution, give			9b. CITY, T	OWN OR LOCATIO			9c. COUNTY		
DIRECTOR	Memorial Hosp		aston	Eas	ston			Tall	ot	
SIR	10e. STATE 10b. COUN		10c. C	TY, TOWN OR					104	d. INSIDE CITY LIMITS?
AL C	Maryland 7 10a. STREET AND NUMBER	Calbot		Easto	10t. ZIP CODE			10g. CITIZEN	- 41	YES 2 NO
FUNER	17 Park Lane H	yde Park			2160	11		Unit		
P	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVEN FORCES? 1 TO SERVE WAR OF WHITE ARTH	YES 2 NO	If y	ea, specify Cuban,	HISPANIC ORI Maxican, Puar Specify:	GIN? (Specity Yaa to Rican, atc.)		RACE Black, Will Specify:	American Indian.
ETED	15. DECEDENT'S ED (Specify only highest grad	UCATION	18e. DECEDENT'	work done dur	UPATION ing most of working		186. KIND OF BUSI	NESS/INDUST		
	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Me. Do NOT	rse генгеа.)			D			
COMPL	17. FATHER'S NAME (First, Middle, Last)		- Sett-R	mploye			Retail G		D	
BE	Frank Ernest Fi	lling			Mar	garet I	Peters			
2		0-					umber, City or Town,			
	Michael S. Filling : 20a. METHOD OF DISPOSITION 1 Burlal 20 Tremation 3 Res		20b. PLACE AND DATE	OF DISPOSITI	Dr. For		L. Maryla	nd 210 ATION — CITY		State
	4 Donation 5 Other (Specify)		Bastern Sho	re Cre	matory	10/	26 Geor			
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE		22. NA	ME AND ADDRESS Wnam Fu	OF FACILITY			,	
-	23. PART I. Enter the diseases, or	MERC	ERON	200	S Harr	ison St	Facton	Md. 2	1601	
	shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Atherosc	n eech line.	diova				nory arread		Approximate Intervel Betwee Onaet and Dea
ERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST	c	AS A CONSEQUENCE (
: MEDICAL C	PART II. Other significant condition Diabetes Melli		h but not resulting	in the unde	riying cause giv	ven in Part I.	24e. WAS AN A PERFORM 1 YES 2	ED?	COR OF	RE AUTOPSY FINDING ILABLE PRIOR TO APLETION DF CAUSE DEATH? YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				28. PLACE OF DEA	TH (Check only	one)			
YSIC	1 TYES 2 NO	HOSPITAL:	Outpatient 3 DOA	OTHER: 4 Nursing	Home 5 Resid	dence 8 🗆 Ot	her (Specify)			
L L	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJUI (Month. Day, Yes		JURY	WORK?		EŞCRIBE HOW IN.	URY OCCURE	D	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJU- building, atc. (S	URY — At home, term, Specify)		Offica	28t. LC	OCATION (Street and by or Town, Stete)	d Number or R	ural Route	Number,
OMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS	ER: On the basis of exemina	nowledge, death occurrent	ed at the time,	data and place, a	nd due to the d	ause(a) and mann-	er as stated.	use(s) and	
BE CO	296. SIGNAPUDE AND TALE OF SENTEN	5			29c. LICENS	SE NUMBER		29d. DATE SIG		
2	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF	DEATH (ITEM 27) /Fm-	Print)	D3	6411		10	125/	191
	506 Idlewild	Are E	Asim n	10 S	1601					
18	31. DATE FILED (Month, Day, Year) 0CT 3 0 1991	32. SEGISTRABIO SI	Son-Rindell							

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	-		REGISTRAR				ERIII	ICATE O	PUEATH	REG	. NO.		
2.			1. DECEDENT'S NAME (First, M	liddle, Last)						2. DATE OF DEA	TH	YEAR 3.	TIME OF DEATH
and i	,		Nora F	rier	son					10-30-		TEAN	M
		9	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. I	ast birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT		BIRTHPLA	CE (State or Foreign
1	-1	4	220 07 077	1.	1 M 2 FUF		YRS.	MONTHS DAYS		(Month, Day, Ye	ear)	Country)	11.11
(220-01-813			85	1110.			03-04			CAROLINA
1	2		9a. FACILITY NAME (If not instit					9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNT	Y OF DEATI	1
-		E I	Dorcheste:	r Ge	neral H	ospita	al	Camb	oridge.	Maryla	nd Dor	ches	ster
	- APE	ЕСТОВ	RESIDENCE OF DECE	DENT						7		0	
	Pages	#		Ob. COUNT				Y, TOWN OR LOC				100	I. INSIDE CITY LIMITS?
		DIR	Maryland	Dorc	hester		Ca	mbride	ge			12	YES 2 NO
	permit	ا پ	10e. STREET AND NUMBER						101. ZIP CODE		10g. CITIZE	N OF WHAT	COUNTRY?
	ă.	7	P.O. Box	979	Cambrid	ce Me	e furt	nd ·	21613		II.	S.A.	
90	tran	FUNERAL	11. MARITAL STATUS	<i>) -)</i>	12. WAS DECEDEN				ECENDENT OF HISPA	NO ODIONO ID-			
46 ohysician	burial-transit	5	1 Never Married 2 M	arriad	FORCES?	YES 2 V			apacify Cuban, Maxico			Black, WI	
4	the br	B≺	3 Widowed 4 Divorce		IF YES, GIVE Y	MAR OR DATES		4 1 V	ES 2 NO Specific	fy:		Specify:	lack
03-31	as th	711											Laon
21203-3146	esa	品	15. DECED (Specify only h	ENT'S EDU			(Give kind of	work done during	TION most of working	18b. KIND C	F BUSINESS/INDU	STRY	
212			Elementary/Secondery (0-12	2)	College (1-4 or 5	+)	te. Do NOT u	se retired.)					
	ped .	F I	SECONDARY				HOUS	EWIFE					
AND 2	detach once.	COMPL	17. FATHER'S NAME (First, Midd	fle, Last)				1,0	18. MOTHER'S NA	AME (First, Middle, N	faiden Sumame)		
7 3	be detached for at once.	C	WILLIAM ST	RICKI	AND.				ET TO	ADECTI CIT	TDMAN om	DIOM	43770
		00	19a. INFORMANT'S NAME (方/p)		HILL		IOP MAII IN	Anness /Stree	at and Number or Rural	ABETH SH			AND
AARY	5 should notified	2										000)	
- 2	9 0		CHRISTINA						EET, DENT	CON. MD.	21629		
ORE,	st b		20e, METHOD OF DISPOSITION		novel from State	20b. PLAC	E OF DISPO	SITION (Name of	cemetery, crematory or	20	oc. LOCATION — CI	-	State
0 9	ector, p		4 Donation 5 Other (S		iovai itom state	_	SP		OVE CEME		DENTON,		
BALTIMORI	funeral director, xaminer must		21. SIGNATURE OF FUNERAL	SERVICE LI	CENSEE			22. NAME	AND ADDRESS OF FA	ACILITY BENN.	LE SMITH	SERV	ICES
ALT!	e funeral dir il. examiner		> Vall	16	7 9			P	.O. BOX 9	928, HUR	LOCK, MD	. 216	43
A P	0 = 0		XVIII \$	1.1	Minel								
aff	SE SE	-	23. PART I. Entar the disc	asses, or	complications the	at caused the	death. Do	not enter the r	moda of dying, suc	ch ss cardisc or	respiratory srre	st,	Approximate
	or n				List only one cs	use on each li	ne. Tntes	tinal c	bstrucțio	an .			Interval Between Onset and Death
	y filled trion, or the m		disesse or condition			,		Tien 6	pset acore	Tructe	-		
4	emal nt,	- 1	resulting in desth)		8	/OD 40 4 0011		2000	Olles	much	ou		
46	completely ial, cremat event, t				DUE TO	OR AS A CONS	EQUENCE C	OF):					
13146,	and con burial,	Z	Sequentially list condition		b								
4	sician and control to buria	RTIFICATION	If any, leading to immedia		DUE TO	OR AS A CONS	EQUENCE C	PF):					
BOX	prior	S	cause. Enter UNDERLYING		C	4		A					
0	ing physic rgiene pri other tr	E I	that initiated events		DUE TO	OR AS A CONS	EQUENCE C	OF):					
0 8	attending mtal Hygie y, or oth	눈	resulting in desth) LAST										
D. tra	atte mtal 7,	S			0.								
S	y the att d Menta injury,		PART ii. Other significant	conditio	ns contributing to	death but no	t resulting	in the underly	ing cause given in		AS AN AUTOPSY		RE AUTOPSY FINDINGS
CORD	A 8 >	EDICAL	D. Holl	150	FOR	er ou	1	M. Jus	MIN		ERFORMED?		MILABLE PRIOR TO MPLETION OF CAUSE
CO	signed Health a		1	R	1	The same	0				YES 2 NO		DEATH?
E E	of H show	ž	Olganic	12,	Lyndro	m, if	LLLO	el une	acience	ul		1 (YES 2 NO
The law rect	has been Dept. of 23 sho	ä	Bilale	Eral	1 200 01	ugutai	ion	/					
VITAL	e De	SICIAN	25. WAS CASE REFERRED TO	MEDICAL	1			26.	PLACE OF DEATH (C	heck anly one)			
E N	State (S	EXAMINER? 1 YES 2 NO		HØSPITAL:	☐ ER/Outpetlent	3 DOA	OTHER:	ome 5 🗆 Rasidenca	6 Other (Specia	(v)		
> 400	certificate the State 1, or item	H	27. MANNER OF DEATH		26a. DATE O		29b. Til		INJURY AT		HOW INJURY OCCU	IRED	
OF VIT	with	0	1 Natural 5 P	ending		Day, Year)	IN	JURY	WORK? YES 2 NO				
	After death s mar	BY		vestigation	-								
9	Q D 60	0		ould not be	28a. PLACE building	OF INJURY — At , atc. (Specify)	home, farm,	atreet, factory, o	ffica	281. LOCATION (City or Town,	Street and Number of State)	r Rurai Routi	Number,
/ISION	DIRECTOR: nours after tem 28 i	11	4 Homicide de	rtarmined									
= 8	OUT OUT	"	29e. CERTIFIER	YING PHY	SICIAN: To the heat o	of my knowledge	death occur	red at the time of	lata and place, and du	e to the councie's	nd manner as elet-		
1	물리	MPL	one)						n, death occured at th				d manner at stated
Sco	THE LANG	00	2 II MEDIC	LANMIN	Of the peaks of	ENGINEERON STOP	o. mivestigati	on, in my opinior	, damin occured at th	= ume, date and pil	ice, and dug to the	causa(m) mn	
i i	H W D	ш	29b. SIGNATURE AND TITLE C	OF CERTIFIE				. 0	29c. LICENSE NU		29d. DATE	SIGNED (Me	onth, Day, Year)
7	TO THE FUNERAL ID THE FINE TO THE FUNERAL IMPORTANT: If II	00	Aleghan Andrewson	73	Cie	ecular	1 0	M. 2.	2143	49	•		
		5	30. NAME AND ADDRESS OF										
E	- 6 =	, 11	30. NAME AND ADDRESS OF	PERSON W	HO COMPLETED CAL	JSE OF DEATH (I	TEM 27) (Typ	e, Print)					
F	- 6 -								ridge. M	21613			
7				orche	ster Gen		spita		ridge, M	21613			

The Section Continues the same

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ...* Hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trilling be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR		INIE OF I	INITIES	CERTI				ATH	MENIAL	REG. NO.			
1. DECEDENT'S NAME (First, Midd	die, Last)								2, DATE O		v	YEAR	3. TIME OF DEATH
Florence	H. F	letch	er							02-9		TEAR	M
4. SOCIAL SECURITY NUMBER 219-03-1587		SEX	6. AGE (In	yrs. lest birthday	MONTHS	DAY		NDER 24 HRS.	7. DATE O (Month, 02-	6 BIRTH 000 100 100 100 100 100 100 100 100 10	5	8. BIRTH	HPLACE (State or Foreign yland
9e. FACILITY NAME (If not instituti	ion, give street a	and number)			9b. CITY	r, TOW	VN OR LO	CATION OF DE	EATH		9c. COL	JNTY OF D	PEATH
Dorcheste		eral	Hosp	ital	C	am	bri	ige			Dor	rche	ster
	COUNTY				CITY, TOWN			** 7					10d. INSIDE CITY LIMITS?
Maryland	Dorch	ester		P.	O.Bo	X	101. ZIP	Hurl	OCK		40- 017	PIZEN OF	1 YES 2 NO
P.O. Box	636	Hurlo	ck, M	Id.				543			10g. CI	USA	
11. MARITAL STATUS 1 Never Merried 2 Merr Wildowed 4 Divorced	ried	WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES	2 NO	13.	If yes,	s, specify (NT OF HISPAI Cuben, Mexica NO Specif	en, Puerto Ri		or No-	Blac	E — American Indian, ik, White, etc.
15. DECEDER (Specify only high	NT'S EDUCATION	ON pleted)		16a. DECEDENT	of work done use retired.)	during	PATION most of w	rorking		KIND OF BUS			37/137
Elementery/Secondery (0-12)	Co	ollege (1-4 or 5 +	+)		ose retired.)					ORCHE CHOOL			
17. FATHER'S NAME (First, Middle, JOHN ROBERT		5					18. (FLORE		iddle, Maiden			
19a. INFORMANT'S NAME (Type/F	Print)			19b. MAILI	NG ADDRES	S (Stre	eet and Nu	mber or Rural					
GEORGE R. HU	JGHES			303	NEAL	SON	N ST.	, P.O	. BOX	434,	HUR	LOCK	, MD. 21643
208, METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 4 Donetion 5 Other (Spe		from State		PLACE AND DA					DATE	20c. LO			own, State
21. SIGNATURE OF FUNERAL SE		EE							ICILITY BI	ENNIE	SMIT	CH SE	ERVICES
> John &	. Pr	MER				P.(О. В	OX 928	B, HUI	RLOCK,	MD.	. 216	343
23. PARTUEnter the dieee ehock, or heert IMMEDIATE CAUSE (Finel disease or condition reculting in death)		Bilat	teral		hopne					and ab			Approximete Interval Between Onset end Deeth
Sequentielly liet conditions if any, leeding to immediet cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events reculting in deeth) LAST	0	Dilat hyperd	corasa tatio tanoapa	effusio consequence on of r consequence inclu	ight	and	d le	al, e ft ver cular	effus: ntricl muscu	ion, m le of ulatur	hear e ar	cate ctwite nd le	
PART II. Other elgnificent of SPO	Conditione of	np.	rep	at not resulting	ng In the u	10.1	0	h p	Part I.	24e. WAS AN PERFOI 1 X YES 2		24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 LES 2 NO
25. WAS CASE REFERRED TO MI EXAMINER?	H	OSPITAL:			ОТНЕ	R:		OF DEATH (C					
1 YES 2 WO	10	18e. DATE OF	FINJURY		TIME OF	-	: INJURY	Residence		(Specify)	NJURY O	CCURED	
Natural 5 Pen-	ding	(Month, E	Day, Ybar)		INJURY M	1	WORK?	2 NO					
3 Suicide 8 Cou 4 Homicide dete	ild not be irmined	26a, PLACE C building,	OF INJURY , etc. (Spec	At home, 1er	m, atreet, fa	ctory,	office			ATION (Street or Town, State		er or Rural	Route Number,
(Crieck Orlly		N: To the best of											(e) end menner ee atated.
29b. SIGNATURE AND TITLE OF	CERTIFIER	e he	MIS	, ka	w	n	290	LICENSE NU	MBER DI	128	29d. D/	ATE SIGNE	(Month, Day, Year)
30. NAME AND ADDRESS OF PE Dorchester Ger				Cambri		MD	216:	13					
NOV 1 3 19	91	2. REGISTR		ATURE Randalle		ī							

10-11-11			. Desired
Smilynia Si-gi-as			1051-10-12
	Paul States	. V.S. State and	
		. En moreure	The weeks.
			- X
S AVENUE D			

BALTIMORE, MARYLAND 21215-0020	ING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 learly with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral. The medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

HEGISTHAR			CERTIF	ICATE OF	DEATH	R	EG. NO.		
1. DECEDENT'S NAME (First, Mic	ddle, Last)					2. DATE OF D			3. TIME OF DEATH
Frank Fal	lowf	feld				MONTH	DAY	YEAR	19:44
4. SOCIAL SECURITY NUMBER			GE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS		<u> 10 – </u>	91	PLACE (State or Foreign
579-18-70	46	1 X M 2 □ F	65 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day	v. Year)	Country	y)
90. FACILITY NAME (If not institu			65				26-26		W YORK
	71.27				OR LOCATION OF	DEATH	9c. CC	DUNTY OF DE	EATH
Peninsula RESIDENCE OF DECED 100. STATE 101 MD	Gen	eral Hos	pital	Sali	sbury		1	Wicon	nico
10e. STATE 10	b. COUNTY		1 40- 00	TY, TOWN OR LOC					
MD		TOWER.	100. 01		ATION				10d, INSIDE CITY LIMITS?
MD 10e. STREET AND NUMBER	WORCI	ESTER		BERLIN					1 YES 2 NO
				1	of. ZIP CODE		10g. C	ITIZEN OF W	HAT COUNTRY?
4 WOOD DUCK D	DRIVE				21811			U.S.A	•
11. MARITAL STATUS		12. WAS DECEDENT EVE FORCES? 14 Y	R IN U.S. ARMED	13. WAS DE	CENDENT OF HISP	ANIC ORIGIN? (Sp	pecify Yes or No-	14. RACE	- American Indian, White, etc.
1 Never Merried 2 Mar	ried	IF YES, GIVE WAR O		If yes, s	S 2 NO Specific No.	cen, Puerto Ricen	, etc.)		
3 Widowed 4 Divorced						ony.		Specif	White
15. DECEDE (Specify only hig	NT'S EDUCA	ATION	18e. DECEDENT'S	USUAL OCCUPAT	ION	16b, KINI	D OF BUSINESS/II	NDUSTRY	***************************************
Elamentary/Secondary (0-12)		College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during make retired.)	ost of working				
12 Years		4 Years	FITCHT	ENGINE	ED	EM	CINCEDI	270	
17. FATHER'S NAME (First, Middle	Last)	, icars	TLIGHT	ENGINE			GINEERI		
FRANK PAUL FA		TELD					, Maiden Surname)		
190. INFORMANT'S NAME (Type/		FIELD			MILDRE		LTON FA	LLOWF	IELD
	· ·		19b. MAILING	G ADDRESS (Street	and Number or Rura	I Route Number, Ci	ity or Town, State, 2	Zip Code)	
JANET H. FALL	OWFIE	ELD	4 WOO	D DUCK	DR BERL	IN, MD	21811		
20e, METHOD OF DISPOSITION 1 Burlel 2 Cremetion :	3 Remov	rel from State	20b. PLACE AND DATE	OF DISPOSITION (A	ame of	DATE	20c. LOCATION -	- City or Tox	vn, State
4 Donation 5 Other (Spe	içify)	TOTAL STATE	SALISBURY	CREMAT	ORY	11-13	SALISBU	RY M	ARYLAND
21. SIGNATURE OF FUNERAL/SE	RVICE LICE	NSEE A	1	22. NAME A	ND ADDRESS OF I	FACILITY		, , ,	THE BUILD
1 1/1/	22	1/1///	/		OLLOWAY				
MEN	//	11-104 10	ara	501	SNOW HI	LL RD	SALISBU	RY. MI	2 180 1
23. PART / Enter the disea	sea, or co	Implications that cause of the	and the douth. Do	not enter the m	oda of dying, su	ch aa cardiac	or raspiretory a	rreat,	Approximata
IMMEDIATE CAUSE (Final	ianura. Li	ist only ona causa of	n each the.						Interval Between
diseasa or condition		Pognia	atory F	n i 1					Onaat and Daath
resulting in death)	a.		S A CONSEQUENCE O						
Sequantially list conditions		Chron	c Obstr	uctive	Lung D	isease			years
if any, leading to immediate cause. Enter UNDERLYING		202 10 (011)	o A CONSEGUENCE O	e).					
CAUSE (Disease or Injury	C.	DUE TO (OR A	S A CONSEQUENCE O						
that initiated eventa reaulting in death) LAST		DOE TO (ON A	S A CONSEQUENCE O	r):					
	d.								
PART II. Other aignificant c	onditiona	contributing to deat	hut not resulting	in the underlyin	e course church to	- Post I av	WAS AN AUTOPSY		
Post Pne			· var vior readiting	in the underlyin	g cause given ii		PERFORMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
1000 1110	camor	neccomy				1□	YES 2 NO		COMPLETION OF CAUSE OF DEATH?
							Λ		1 YES 2 NO
25. WAS CASE REFERRED TO ME EXAMINER?				26. P	LACE OF DEATH (C	heck only one)			
1X) YES 2 □ NO		HOSPITAL:	utpetlant 3 DOA	OTHER:					
27. MANNER OF DEATH		28a. DATE OF INJUR			IURY AT				
1 X Natural 5 Pend	ling	(Month, Day, Yea		URY WO	PRK?	280. DESCRIBI	E HOW INJURY OF	CCURED .	
Accident	rtigation				YES 2 NO				
3 Suicide 8 Could 4 Homicide deter	d not be	building, atc. (S	RY — At home, farm, a pecify)	street, fectory, offic	•	281. LOCATION City or Tow	(Street and Numbern State)	er or Rural Ro	ute Number,
Tomicioe deter	TRHING						.,		
29e. CERTIFIER (Check only	NG PHYSICIA	AN: To the best of my kn	owledge, death occum	of at the time date	and place, and du	a to the seconds.			
		On the basie of axamina							
				,, in my opinion, t	watth occurred at the	e time, date and p	place, end due to t	the ceuse(s)	and menner as atated.
29b. SIGNATURE AND TITLE OF C	CERTIFIER				29c. LICENSE NU				Month, Day, Yeer)
John 5:	and -	Ureley		ty M.E.	Do35	99	•	11 -	10 -91
30. NAME AND ADDRESS OF PER									
John T. Bu	ılkel	ley, M.D.	, 108 P	ine Bli	ff Roa	d, Sal	ishury	. MD	21801
31. DATE FILED (Month, Day, Year)					100	-, 541	- Dour y	/ 110	21001
NOV 1 2 199	1 9	12. REGISTRAN'S SI	- Handell						
a the second second	(1								

NOA 1 5 1881 2 (COT TO MANAGE
	1. DECEDENT'S NAME (First, Middle, Li	est)					2. DATE OF DEATH		3. TIME OF DEAT
	DOUGLAS	ELWOOD		FERGU	SON		MONTH		9:00
	4. SOCIAL SECURITY NUMBER		8. AGE (In yrs. lest birt	MONTHS F		IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIRTH (Month, Day, Year)		B. BIRTNPLACE (State or For Country)
	216-38-4089 ga. FACILITY NAME (If not institution, g	1 X M 2 F	49	rs.		LOCATION OF DE	2/24/42	_	West Virgin
HOL	FALLSTON GENE	ERAL		FAL			AIA		FORD
DIREC		Harford	10	с. сіту, тоwн ов Јорра	LOCATIO	N			10d. INSIDE CITY LIMITS? 1 YES 2 X
ERAL	100. STREET AND NUMBER 2401 Romeny	Road				21085			EN OF WHAT COUNTRY?
BY FUNER	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		EVER IN U.S. ARMED YES 2 XNO R OR DATES	lf y	res, spec	NDENT OF HISPAN Ify Cuban, Maxical XNO Specify	IIC ORIGIN? (Specify Y n, Puarto Rican, atc.)	ne or No — 1	4. RACE — Amarican India Black, Whita, atc. Specify: White
ETED	15. DECEDENT'S I (Specify only highest g		(Give ki	ENT'S USUAL OCCI			18b. KIND OF B	USINESS/INDU	
PLE	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Labo	NOT use retired.)			Const	ructio	on
COMPL	17. FATNER'S NAME (First, Middle, Last)					18. MOTHER'S NAI	ME (First, Middle, Maide		, , , , , , , , , , , , , , , , , , ,
BE (Virgil Fergus	on					s Wagner		
10	19a. INFORMANT'S NAME (Type/Print)	££					noute Number, City or To		
	Mrs. Agnes Sha			526 Roge			erdeen, MI) 1 ty or Town, Stata
	1 Burial 2 Cremation 3 F 4 Donation 5 Other (Specify)	Removal from State	cemetery, cremator	ry or other place!					nester, PA
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22. NA	ME AND	ADDRESS OF FAC	CILITY		
	Yaw/K/	Miovens	u	A	ber	deen, Ma	go Funeral aryland 2	21001-3	3399
	III disease of colldition	101.2 - 10							Oneet and
ERTIFICATION	Sequentially liet conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b. DUE TO (O	OR AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT	ICE OF):					Oneet and
IL CERTI	Sequentially liet conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (O DUE TO (O DUE TO (O	OR AS A CONSEQUEN OR AS A CONSEQUEN	ICE OF):	erlying o	ceuse given in l			24b. WERE AUTOPSY FIN
MEDICAL CERTI	Sequentially liet conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (O DUE TO (O C. DUE TO (D d. clone contributing to de	OR AS A CONSEQUEN OR AS A CONSEQUEN	ICE OF):	erlying (ceuse given in i		RMED?	24b. WERE AUTOPSY FIN AVAILABLE PRIOR TO OF DEATH? 1 YES 2 N
MEDICAL CERTI	Sequentially liet conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent conditions are conditionally as the condition of the conditio	DUE TO (O DUE TO (O C. DUE TO (D d. HOSPITAL:	OR AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF THE ORIGINAL OF	ICE OF): ICE OF): ting in the unde	26. PLAC	CE OF DEATH (Che	PERFO 1 YES	RMED?	24b. WERE AUTOPSY FIN AVAILABLE PRIOR T COMPLETION OF CA OF DEATH?
PHYSICIAN: MEDICAL CERTI	Sequentially liet conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent conditions are conditionally as the condition of the conditio	DUE TO (O b. DUE TO (O c. DUE TO (D d HOSPITAL: 1 □ Inpatiant 2X□ E 28a. DATE OF IN (Month, Day,	OR AS A CONSEQUENT OF AS A CONSE	OCE OF): ICE OF	26. PLAC g Nome	CE OF DEATN (Che 5 Residence	PERFO 1 XYES 1 XYES 2 YES 2 Other (Specify) 2 8 DESCRIBE NOW	PRMED? 2 NO INJURY OCCU	24b. WERE AUTOPSY FINAVAILABLE PRIOR TO COMPLETION OF CAUTOR TO THE PRIOR TO THE PR
ED BY PHYSICIAN: MEDICAL CERTI	Sequentially liet conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent conditions are conditionally leading to the condition of the	DUE TO (O b. DUE TO (O c. DUE TO (D d	OR AS A CONSEQUENT OF AS A CONSE	OCE OF): CCE OF	26. PLAC g Nome ic. INJUR WORK 1 YES	CE OF DEATN (Che 5 Residence	PERFO 1 XYES 1 XYES 1 XYES 28 Other (Specify) 28d. DESCRIBE NOW 281. LOCATION (Street City or Town, State	INJURY OCCU	24b. WERE AUTOPSY FIN AVAILABLE PRIOR I COMPLETION OF COOF DEATH? 1 YES 2 N RED O accider
MPLETED BY PHYSICIAN: MEDICAL CERTI	Sequentially liet conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigated (Check only) 1 CERTIFYING PM (Check only) 1 CERTIFYING PM (Check only)	DUE TO (O b. DUE TO (O c. DUE TO (D d	PR AS A CONSEQUENT OF AS A CONSE	OTHER: DA OTHER: NUMBER: NUMBE	26. PLAC Nome IC. INJUR WORK I YES , office	CE OF DEATN (Che 5 Residence 7 AT 7 S 2 X NO	PERFO 1 XYES 1 XYES 1 XYES 1 XYES 1 XYES 28d. Describe Now 28d. Describe Now Driver i 28f. LOCATION (Street City or Town, State MD 152 to the cause(a) and ma	INJURY OCCU IN aut and Number or & GRE	24b. WERE AUTOPSY FIN AVAILABLE PRIOR I COMPLETION OF COF DEATH? 1 YES 2 N RED O accider Rural Route Number, ENSPRING
BE COMPLETED BY PHYSICIAN: MEDICAL CERTI	Sequentially liet conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significan	DUE TO (O b. DUE TO (O c. DUE TO (O d tione contributing to de tione contributing to de 28a. DATE OF IN (Month, Day. 1 1 / 1 0 / 28b. PLACE OF I building, atc	PR AS A CONSEQUENT OF AS A CONSE	OTHER: OTHER: OTHER: A Nursing DA A Nursing NURY 28 INJURY 28 INJURY 4 A Y Courred at the fima.	26. PLAC Nome IC. INJUR WORK I YES , office	CE OF DEATN (Che 5 Residence 7 AT 7 S 2 X NO	PERFO 1 XYES INJURY OCCU IN aut and Number or & GRE Anner as stated and due to the accuracy.	24b. WERE AUTOPSY FIN AWAILABLE PRIOR TO COMPLETION OF COOP DEATH? 1 YES 2 N RED O acciden Rural Route Number, ENSPRING Cause(a) and mannar as states SIGNED (Month, Day, Year)	
E COMPLETED BY PHYSICIAN: MEDICAL CERTI	Sequentially liet conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent conditions and the significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions are significant conditions. The significant conditions are signifi	DUE TO (O b. DUE TO (O c. DUE TO (O d tione contributing to de tione contributing to de 28a. DATE OF IN (Month, Day. 1 1 / 1 0 / 28b. PLACE OF I building, atc	PR AS A CONSEQUENT OF AS A CONSE	OTHER: A OTHER: A Nursing This in the unde Th	26. PLAC g Nome lc. INJUR WORK f YES , office	CE OF DEATN (Che 5 Residence 17 AT 17 S 2 X NO 1 N	PERFO 1 XYES INJURY OCCU- IN A U T and Number or CRE Inner as stated and due to the company 29d, DATE S	24b. WERE AUTOPSY FINAWAILABLE PRIOR TO COMPLETION OF CU OF DEATH? 1 YES 2 N RED O accident Rural Route Number, BENSPRING Cause(a) and mannar as sta	

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH			3. TIME OF DEATH	_
	WILLIAM PA	UL		FORD		MONTH	O.E		YEAR	11:05 AM	
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	-					
	577-16-5593	iXIXM 2 □ F	77 YRS.	MONTHS DAYS	HOURS MIN.	(Month	Day, Year)		Country)	LACE (State or Fore	ign
1	9a. FACILITY NAME (If not Institution, give		7 7 1,10.				5-191		_	YLAND	
æ					OR LOCATION OF	DEATH		9c. COUNT	Y OF DEA	ATH	
0	NORTH ARUNDEL H	<u>OSPITAL AS</u>	SOCIATION	GLEN	BURNIE			1	A.A.	COUNTY	
20	10a. STATE 10b. COUNT		10c. CIT	Y, TOWN OR LOCA	TION						
FUNERAL DIRECTOR	MARYLAND ANNE	ARUNDEL	1700.00		EWFIELI	D ROA	D GI.	EN B		T HINTS?	
7	10e. STREET AND NUMBER				f. ZIP CODE		- 72				0
RA	309 NEWFIELD	ROAD CIF	M DIIDMIT	10						AT COUNTRY?	
N.	11. MARITAL STATUS				21061				S.A		
	1 Never Married 2 Married	12. WAS DECEDENT E	YES 2 NO	13. WAS DEC	CENDENT OF HISP Hecify Cuban, Maxie	ANIC ORIGIN:	(Specify Yan o	or No — 1	4. RACE - Black	- American Indian White, atc.	,
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES	1 TYES	2 NO Spec		iouri, acc.,		Specify		
	15. DECEDENT'S EDU	I CATION								r.te	
E	(Specify only highest grade	completed)	(Give kind of	USUAL OCCUPATE work done during me se retired.)	ON ost of working	18b.	KIND OF BUS!	NESS/INDU	STRY		
١٣	Elementary/Secondary (0-12)	College (1-4 or 5 +)		OPERAT			an o an				
COMPLETED			OWNER	OPERATO			GROCE		USI	NESS	
	17. FATHER'S NAME (First, Middle, Last) PAUL FORD				18. MOTHER'S N						
BE							NIA G				
2	MRS. LOIS L.	CODD	19b. MAILING	ADDRESS (Street	and Number or Rura	A Route Number	er, City or Town,	Stete, Zip C	ode)		
		FORD	30	9 NEWF	CELD RO	DAD G	LEN B	URNI	E, 1	MD 2106	51
	20a. METHOD OF DISPOSITION 1 Burlal 24 Cremation 3 Rem	ioval Irom State	20b. PLACE AND DATE	OF DISPOSITION (No	ame of	DATE	20c. LOCA	ATION — CI	y or Town	n, Stata	
	4 Donation 5 Other (Specify)		METRO				BA	LTIM	ORE	, MD	
- 1	21. SHOWATURE OF FUNERAL SPRVICE LA	ENSEE		PADD7	ND ADDRESS OF F	FACILITY	DIME	DAT	770347		
- 1	Some Son	150 NO	ma	495 F	RITCHIE	SVIVS	LONE	KAL .	HUMI	ADE ME	
	23. PART J. Enter the diseases, or	complications that c	sused the death. Do					VERN.	A PE		
	dirock, or fleat failure.	List only one cause	on aach ilne.	ot anter tha mo	oa or dying, au	ich aa cardi	ac or reapira	itory arrea	it,	Approximate	
	MMEDIATE CAUSE (Final disease or condition	1	0110		1	1				Onset and D	
	reaulting in daath)	8. Lange	lell la	cinan	a of 1	Lung				2 year	2
		DUE TO/(OF	R AS A CONSEQUENCE OF	F):			,				
CERTIFICATION	Sequentially list conditions.	b									
F	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OF	AS A CONSEQUENCE OF	F):							
5	CAUSE (Disease or Injury	C. DUE TO (OI	AS A CONSEQUENCE OF								
Ē	that initiated avants resulting in death) LAST	00 01 300	AS A CONSEQUENCE OF	-):							
点		d									
	PART II. Other algolificant condition	s contributing to de	ath but not resulting	n the underlying	causa givan ir	n Part I.	24a. WAS AN AL	ITOPSY	24h W	ERE AUTOPSY FIND	INCO
ICAL		bolism					PERFORM	ED?	A	MILABLE PRIOR TO	0 - 11
	Preumonia						1 YES 2	NO	0	F DEATH?	3C
2	De vdo obstru	timests	- 100	1					1	YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL	710-013	mall Boy								
PHYSICIAN: M	EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (C	heck only one					
×S	1 YES 2 NO 27. MANNER OF DEATH		VOutpatient 3 DOA		e 5 🗌 Residence	6 Other	(Specify)				
	1/2 Natural 5 Pending	28a. DATE OF INJ (Month, Day,		URY WO	URY AT RK?	28d. DESC	RIBE HOW INJ	URY OCCU	RED		
à l	2 Accident Investigation				ES 2 NO						
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF IN building, etc.	IJURY — At home, farm, a (Specify)	treet, lactory, offic		281. LOCAT City or	TON (Street end Town, State)	Number or	Rural Roul	te Number,	
<u>.</u>	- Tometoe determined										
곱	29a. CERTIFIER (Check only)	CIAN: To the best of my	knowledge, death occurre	ed at the time, data	and place, and du	a to the cause	e(a) and manne	or an stated			
COMPLETED			ination and/or investigatio							nd manner as state	d.
	296. SIGNATURE AND TITLE OF CERTIFIER										
8	7/2.15-	11 9	7 ml		29c. LICENSE NU	TA /	2	Pad. DATE S	1/1	onth, Day, Yeer)	
오ㅏ	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE	DE DEATH (TTT)	0.111	1122	276		- 11	161	91	
					D/CLEM I	DIIDMTT	MADN	T ABID	0.17	0/1	
-	NEIL E. PADGETT			LELD KUA	D/GLEN I	DUKNIE	, MAKY	LAND	210	761	
	31. DATE FILED (Month, Day, Year)	33. REGISTRAR'S	SIGNATURE								

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NOV 12 ESS SCHOOLING THE STEVEN

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physicia	iours after death. Page 6 may be retained by the hospital or attending physicii
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-to be filed within 72 hours after death with the State Dept. of Health and Memai Hygiene prior to burial, cremation, or removal.	d in by the funeral director, page 5 should be detached for use as the burlal-tor removal.
IMPORTANT: It tiem 28 is marked, or litem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	medical examiner must be notified at once.

GEORGE LAN	nst)					2. DATE OF	DEATH	YEAR	3. TIME OF DEATH
	CASTER	GOLDSE	BOROUGE	ŀ		NOVEM		6, 1991	11:14 P
4. SOCIAL SECURITY NUMBER	5. SEX		. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF (Month, D		8. BIRT	THPLACE (State or Foreign
217-14-7272	1 🔀 M 2 🗆 F	77	YRS.	MUNTHS DATS	NOUNS MIN.	JULY		914 MA	RYLAND
9a. FACILITY NAME (If not institution, g				9b. CITY, TOWN	OR LOCATION OF DI	EATH		9c. COUNTY OF	DEATH
ST. MARY'S HOSP				LEONAR	DTOWN			ST. MA	RY'S
10a. STATE 10b. COL			10c. CIT	Y, TOWN OR LOCA	TION		_		10d. INSIDE CITY
MARYLAND ST	. MARY'S		ME	ECHANICS	VILLE				1 YES 2 XNO
10e. STREET AND NUMBER				10	f. ZIP CODE			10g. CITIZEN OF	WHAT COUNTRY?
P.O. BOX 21 C	HAPTICO R	OAD			20659			U.S.A	1.
11. MARITAL STATUS	12. WAS DECEDE FORCES?	NT EVER IN U.S			CENDENT OF HISPA			r No- 14. RAG Bla	CE — American Indien, ick, White, etc.
1 Never Married 2 V Merried 3 Widowed 4 Divorced	IF YES, GIVE	WAR OR DATES			2 XNO Specif		,,	Spe	ecify: UTE
15. DECEDENT'S	IWORLD W.		DECEDENT'S	USUAL OCCUPATI	ON	18h K	IND OF BUSI	VESS/INDUSTRY	ILLE
(Specify only highest g	rade completed)		(Give kind of life. Do NOT us	work done during m	ost of working	1300 1		1200/11/2007/11	
4TH GRADE	College (1-4 or 5	7)	ELEC	CTRICIAN		T	J.S. G	OVERNME	NT
7. FATHER'S NAME (First, Middle, Last,					16. MOTHER'S NA				
JAMES THOMAS	GOLDSBO	ROUGH			LUCY	ANN	FARR	ELL	
9a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number,	City or Town,	State, Zip Code)	TRUIT I
MARY MARGARET C	OLDSBOROU	GH	P.O.	BOX 21	CHAPTICO	ROAD,	MECH	ANICSVI	LLE, MD. 2
20a. METHOD OF DISPOSITION 1 ☑ Burial 2 ☐ Cremation 3 ☐ I	Ramoval from Stata			E OF DISPOSITION		DATE	20c. LOCA	ATION — City or	Town, State
□ Donation 5 □ Other (Specify)		CHA	RLES M	EMORIAL			LEC	NARDTO	N, MARYLAN
IN BIGHATURE OF FUNERAL SERVICE	LICENSEE /	0			NGLEY—GA		चार्या ह्य	DAT HOW	TE DA
1) Ischael	14 Ja	rden	e						LAND 20650
Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	c	TO (OR AS A COL			leitus				
	d.	TO (OR AS A CO	NSEQUENCE C	PF):					
that initieted events resulting in deeth) LAST									
	itione contributing	to death but r	not resulting	in the underlying	ng ceuse given in	Part i. 2	4a. WAS AN A		
resulting in deeth) LAST	itione contributing	to death but r	not reculting	In the underlyli	ng ceuse given ir		4a. WAS AN A PERFORM	IED?	4b. WERE AUTOPSY FINDIN AWALABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?
reculting in deeth) LAST	itione contributing	to death but r	not resulting	in the underlyi	ng ceuse given ir		PERFORM	IED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
reculting in deeth) LAST	Itlone contributing	to death but r	not resulting	in the underlyli	ng ceuse given ir		PERFORM	IED?	AVAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?
PART II. Other eignificent cond		to death but r	not resulting	26. [ng couse given in	_	PERFORM	IED?	AVAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?
PART II. Other eignificent cond	HOSPITAL:	₹ ER/Outpatia	nt 3 □ DOA	26. F	PLACE OF DEATH (C	iheck only one)	PERFORM I YES 2	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?
PART II. Other eignificent cond	HOSPITAL: 1 Inpetient 2 26a. DATE (Month,	E SXER/Outpetial OF INJURY , Day, Year)	nt 3 DOA	OTHER: 4 Nursing Ho 4 OF 28c. fr JURY 1	PLACE OF DEATH (C ma 5	S Other (28d. DESC	PERFORM YES 2	NO NO	AMILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
PART II. Other eignificent cond 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	HOSPITAL: 1 Inpetient 2 26s. DATE (Month,	E SXER/Outpetial OF INJURY , Day, Year)	nt 3 DOA	26. F OTHER: 4 — Nursing Ho ME OF 28c. M	PLACE OF DEATH (C ma 5	S Other (28d. DESC	PERFORM YES 2	MED?	AMILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
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PART II. Other eignificent cond 25. WAS CASE REFERRED TO MEDICAEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigat 2 Accident 3 Suicide 6 Could no determine 29a. CERTIFIER (Check only one) 2 MEDICAL EXA	HOSPITAL: 1 Inpetient 2 28a. DATE (Month, to be do will din to the best MINER: On the best of	EXER/Outpatia OF INJURY Day, Year) OF INJURY — g, atc. (Specify) of my knowledg	nt 3 DOA 29b. Till IN At home, tarm,	OTHER: 4 Nursing Ho ME OF 28c. IN JURY M 1 street, factory, offi	PLACE OF DEATH (Comma 5	S Other (28d. DESC 28t. LOCAT City or a to the cause of time, date a	PERFORM I YES 2	JURY OCCURED Ind Number or Rura Ther as stated.	AMILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO NO NOTE: NO
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PART II. Other eignificent cond 25. WAS CASE REFERRED TO MEDICAE EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigat 3 Suicide 6 Could no determine 29a. CERTIFIER (Check only one) 2 MEDICAL EXA	HOSPITAL: 1 Inpatient 2 26a. DATE (Month, (Month) 28e. PLACE building HYSICIAN: To the best MINER: On the basis of	E SKER/Outpatian Dey, Year) E OF INJURY — Ing. atc. (Specify) of my knowledge of axamination an	at home, tarm,	26. F OTHER: 4 Nursing Ho ME OF JURY M 1 street, tactory, offi	PLACE OF DEATH (C ma 5 Realdance JURY AT ORK? YES 2 NO Ice te and plece, and du death occured at th	S Other (28d. DESC 28t. LOCAT City or a to the cause time, date a	PERFORM I YES 2	JURY OCCURED Ind Number or Rura Ther as stated.	AMALABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO al Route Number,
PART II. Other eignificent cond 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigat 2 Accident Investigat 3 Suicide 6 Could no determinal 29a. CERTIFIER (Chack only 2 MEDICAL EXA 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER	HOSPITAL: 1 Inpatient 2 28a. DATE (Month, tion 28a. PLACE buildin HYSICIAN: To the best MINER: On the basis of	EXER/Outpetial OF INJURY Day, Year) E OF INJURY — ng, atc. (Specify) of my knowledg f axamination an	at 3 DOA 28b. Till IN At home, tarm, e, death occur d/or investigati	26. F OTHER: 4 Nursing Ho ME OF 28c. If JURY M 1 street, tactory, off red at the time, dat lon, in my opinion,	PLACE OF DEATH (Comma 5	S Other (28d. DESC 28t. LOCAT City or a to the cause time, date a	PERFORM I YES 2	JURY OCCURED Ind Number or Rura Ther as stated.	AMALABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO al Route Number,

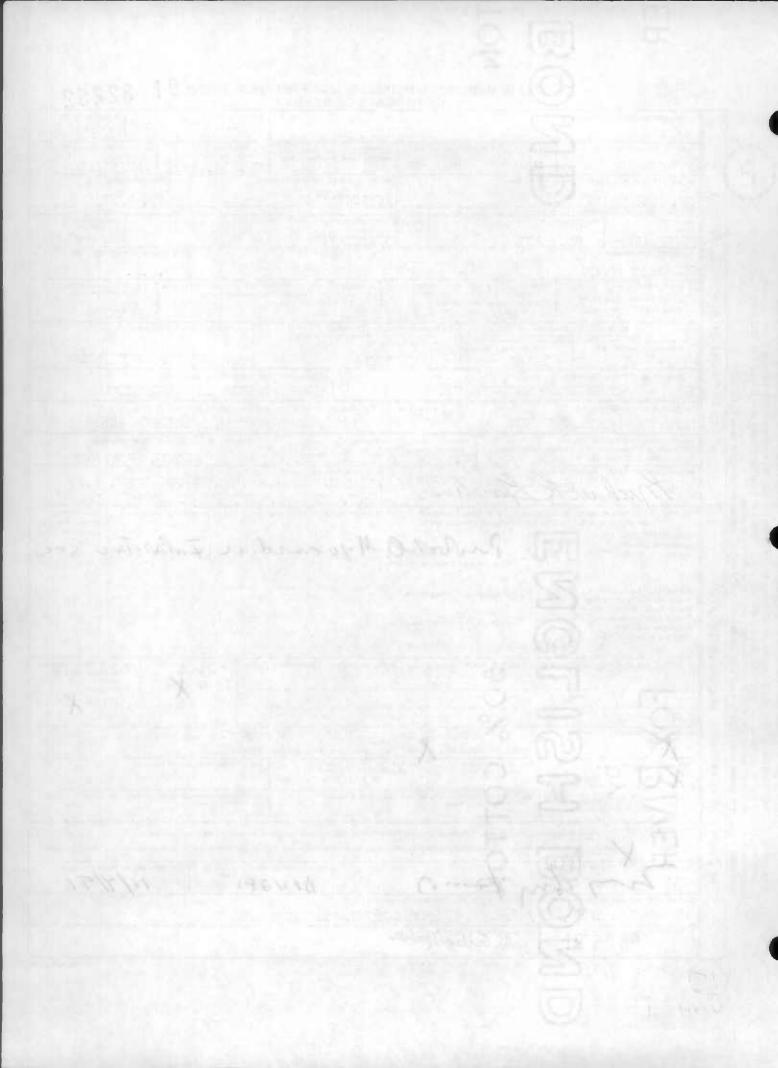


	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach the filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

				CERTII					MENTAL	REG. NO.		-	32252
DECEDENT'S NAME (First, Middle, Lest) THOMAS RICHARD		GARI	GARDINER, II				2. DATE OF DEATH MONTH DAY NOVEMBER 1, 19			991	3. TIME OF DEATH 12:39 P		
4. SOCIAL SECURITY NUMBER		5. SEX				ay) IF UNDER 1 YEAR IF UNDER 24 HRS.			7. DATE OF BIRTN (Month, Day, Year)			8. BIRTNPLACE (State or Foreign	
577-28-4725		1 M 2 F	69	69 YRS.		DAYS HOURS MIN.		MIN.	NOV. 10, 1		921 MARYLAND		
De. FACILITY NAME (if not institution, give street and number)					9b. CITY, TOWN OR LOCATION OF DEATH						9c. COUNTY OF DEATH		
T. MARY'S H	OSPIT	AL			LEO	NARD	TOWN				S	T. N	MARY'S
					TY, TOWN OR LOCATION					10d. INSIDE CITY			
IARYLAND	ST.	MARY'S			LEON	ARDT	OWN						1 TYES 2 NO
De. STREET AND NUMBER							. ZIP CODE				10g. CIT	IZEN OF	WHAT COUNTRY?
321 PORT PLA	CE	Las umo process	T CHEST IN				20650					S.A.	
1. MARITAL STATUS Never Married 2 X Merried Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. FORCES? 1 X YES 2 FORCES? 1 WAR OR DATES WORLD WAR II			2 NO	□ NO If yes, specify Cuban, Mexican, Pu 1 □ YES 2 ☑ NO Specify:									
	DENT'S EDU			16a. DECEDENT	S USUAL O			a	18b.	KIND OF BUS	SINESS/IN	DUSTRY	17.15.0
Elamentary/Secondary (0-	-12)	College (1-4 or 5 4YEARS	-)	life. Do NOT	use retired.) ESMAN							L EQ	QUIPMENT
	ARLES	GARDIN	ER, S				MAI	RY	ISAE	iddle, Malden BELLE	MI	DDLE	CTON
99. INFORMANT'S NAME (7) BEATRICE MAP		DULVIED								er, City or Tow			20650
DEATRICE MAR		WILLIER	200	PLACE AND DA				LOIVA	DATE	VN, MA			20650
Buriel 2 ☐ Cremation Donation 5 ☐ Other	n 3 🗆 Rem	noval from Stata	of ce	FRANC	ry or other i	place)		1					
SIGNATURE OF FUNERAL		CENSEL La	roli	ner	22. M	NAME AN	NGLE?	S OF FA	RDINE	ER FUN	ERAL	HON	E, P.A.
disease or condition resulting in deeth) Sequentially list conditi if any, leading to immediate. Enter UNDERLY! CAUSE (Disease or Injuit that infilted events	diata NG ry	b	(OR AS A	CONSEQUENCE	OF):	1-/0	2 64	~	dia	L 4	117	re c	Tien Sec
		d.											
resulting in death) LAS	-	d	deeth bu	ut not resulting	g in the u	nderlyln	g ceuse g	jiven in	Part I.	24s. WAS AN PERFOI 1 YES	RMED?	24	AVAILABLE PRIOR TO
resulting in death) LAS	nt condition	d	deeth bu	at not resulting	g in the u				Part I.	PERFOR	RMED?	24	COMPLETION OF CAUSE DF DEATH?
PART II. Other signification	nt condition	dns contributing to		V	OTHE	28. PI	LACE OF D	EATN (C)	heck only on	PERFOI	RMED?	24	AVAILABLE PRIOR TO COMPLETION OF CAUS DF DEATH?
PART II. Other significations. S. WAS CASE REFERRED TO EXAMINER? 1 VES 2 UNO 17. MANNER OF DEATH 1 Neturel 5 UN	nt condition	HOSPITAL: 1 Inpatient 2 28e. DATE 0	□ ER/Ou1pa	etlent 3 DOA	OTHE	28. PI FR: Irsing Non 28c. INJ WC	LACE OF D	EATN (C)	heck only on	PERFOI	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUS DF DEATH?
PART II. Other significations in death) LAS* S. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 1 Naturel 5 Naturel 5 SAccident 3 Suicide 6	nt condition	HOSPITAL: 1 Inpetient 2 28e. DATE 0 (Month, i)	□ ER/Outpa F INJURY Day, Year)	atlent 3 DOA 28b. T	OTHE 4 Nu IME DF NJURY M	28. PI FR: Irising Non 28c. INJ WC	LACE OF DO	EATN (C)	heck only one 6 Other 28d, DES	PERFOI 1 YES :	RMED?	CCURED	AVAILABLE PRIOR TO COMPLETION OF CAUS DF DEATH?
PART II. Other signification of the signification o	o MEDICAL Pending Investigation Could not be determined	HOSPITAL: 1 Inpatient 2 28s. DATE Of (Month, i) 28s. PLACE building	ER/Outpa F INJURY Jay, Year) OF INJURY - atc. (Specified from the control of the	At home, farm	OTHE 4 Nu IME DF NJURY M	28. PI ER: rising Non 28c. INJ WC 1 Ctory, office	LACE OF D. The 5 Re REPURY AT TRK? YES 2	EATN (C)	6 Other 28d. DES 28f. LOCC	PERFOI 1 YES : (Specify) CRIBE NOW ATION (Street or Town, State	INJURY O	CCURED or or Aura	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PART II. Other signification of the signification o	o MEDICAL Pending investigation Could not be determined	HOSPITAL: 1 □ Inpatient 2 28s. DATE Of (Month, in the second of the seco	ER/Outpa F INJURY Jay, Year) OF INJURY - atc. (Specified from the control of the	At home, farm	OTHE 4 Nu IME DF NJURY M	28. PI ER: rising Non 28c. INJ WC 1 Ctory, office	LACE OF D. The 5 Re REPURY AT TRK? YES 2	EATN (C) aldence NO , and durind at the	28d. LOC. City of	PERFOI 1 YES : (Specify) CRIBE NOW ATION (Street or Town, State	INJURY O	ccured or Aura	ANALABLE PRIOR TO COMPLETION OF CAUS DF DEATH? 1 YES 2 NO
S. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 1 Neturel 5 Accident 3 Sulcide 6 Nomicide 1 Neturel 5 Nomicide 1 Neturel 5 Nomicide 1 Neturel 6 Nomicide 1 Neturel 7 Nomicide 1 Neturel 8 Nomicide 1 Neturel 9 Nomicide	o MEDICAL Pending investigation Could not be determined	HOSPITAL: 1 □ Inpatient 2 28s. DATE Of (Month, in the second of the seco	ER/Outpa F INJURY Jay, Year) OF INJURY - atc. (Specified from the control of the	At home, farm	OTHE 4 Nu IME DF NJURY M	28. PI ER: rising Non 28c. INJ WC 1 Ctory, office	LACE OF D. De 5 Re REPLAY AT PKR? YES 2 De and place death occur 29c. Lici	EATN (C) aldence NO , and due and at the	6 Other 28d, DES 28f, LOC, City of the cause time, data	PERFOI 1 YES : (Specify) CRIBE NOW ATION (Street or Town, State	INJURY O	ccured or Aura	AMAILABLE PRIOR TO COMPLETION OF CAUS DF DEATH? 1 YES 2 NO
ART II. Other significations and significations are significated as the signification and significations are significated as the signification and signification are significated as the signification are sig	D MEDICAL Pending Investigation Could not be determined IFYING PNYS ICAL EXAMIN	HOSPITAL: 1 Inpatient 2 28s. DATE Of (Month, i) 28s. PLACE building SICIAN: To the beat of the basis of the	ER/Outpas FINJURY Joy, Ybar) OF INJURY and (Specific from knowled assumination) SEE OF DEA	At home, farm	OTHE 4 Nu IMBE DF NJURY M n, stree1, factorized at the attion, in my	28. PI FR: Irsing Non 28c. INJ VICTORY, office time, dete	LACE OF DI URY AT PRES 2 e and place, deeth occur 29c. LICI	EATN (C/	6 Other 28d. DES 28f. LOCC City of	PERFOI 1 YES : (Specify) CRIBE NOW ATION (Street or Town, State	INJURY O	ccured or Aura	ANALABLE PRIOR TO COMPLETION OF CAUS DF DEATH? 1 YES 2 NO I Route Number,
PART II. Other significations in death) LAS* PART II. Other significations in the signification in the significat	Pending Investigation Could not be determined Physical Examin OF CERTIFIS	HOSPITAL: 1 Inpetient 2 28s. DATE Of (Month, in period) 28s. PLACE is building BICIAN: To the best of the basis of in period i	ER/Outpas FINJURY Pay, Year) OF INJURY , stc. (Specific my knowle axamination	Al home, farm	OTHE A Nu IME DF NJURY M n, street, facured at the atton, in my pe, Print)	28. PI FR: Irsing Non 28c. INJ VICTORY, office time, dete	LACE OF DI URY AT PRES 2 e and place, deeth occur 29c. LICI	EATN (C/	6 Other 28d. DES 28f. LOCC City of	PERFOI 1 YES : (Specify) CRIBE NOW ATION (Street or Town, State) see(a) and ma and place, ei	INJURY O	ccured or Aura	AMAILABLE PRIOR TO COMPLETION OF CAUS DF DEATH? 1 YES 2 NO

DHMH-16 Rev 1/89



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within arrivours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit to be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1. DECEDENT'S NAME (First, Middle, Last)	ary Gard	iner Bla	ce Goi	cdon	2. DATE OF DEATH	YEAR	3. TIME OF DEATH
MARY B GORI					11 10	91	9:45 PMH
		(In yrs. last birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE DE BIRTH		NPLACE (State or Foreign
216 46 5821	□ M 2 □ F 8		HTHE DAYS	HOURS MIN.	(Month, Day, Year) 10/7/ 1.	OG Coun	
9e. FACILITY NAME (If not institution, give street			CITY, TOWN	DR LOCATION OF DE		9c. CDUNTY OF	aryland DEATH
Calvert Nursi	ng Cente:	r	Prin	nce Fred	derick	Ca	lvert
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCA	TION			10d. INSIDE CITY LIMITS?
Marylan Cal	vert	. Si	under	land			1 TYES 2 NO
10e. STREET AND NUMBER		+		f. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
1455 Dalrym	ple Road			20689		II	S A
	. WAS DECEDENT EVER I		13. WAS DE	CENDENT OF NISPAR	IIC DRIGIN? (Specify Yee		CE — American Indian, ck, White, etc.
1 Never Merried 2 Merried	FORCES? 1 YES			B 2 ND Specifi	n, Puerto Ricen, etc.)	Spe	clfv:
3 Widowed 4 Divorced							White
15. DECEDENT'S EOUCATION (Specify only highest grade com	ON npleted)	16a. DECEDENT'S USI	done during m	DN ost of working	18b. KIND DF BUS	INESS/INDUSTRY	
Elementary/Secondery (0-12) Co	College (1-4 or 5+)	ille. Do NOT use re	1				
	2	House	ewife		own	Home	
17. FATNER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maiden S	Surname)	
Thomas h. Bla	ke				Josephine	F. Per	mbroke
19e. INFORMANT'S NAME (Type/Print)					Route Number, City or Town	, State, Zip Code)	
Margaret G.	Hildebra	ndt 404	5 Ade:	lina Rd	Prince	Freder	ick Md.
20e. METHDD DF DISPOSITION 1) Buriel 2 Cremation 3 Removal	J from State	b. PLACE DF DISPOSITI	DN (Name of pa	metery, crematory or		CATION — City or	
4 Donation 5 Other (Specify)	Trom State	All Sa:	ints (Cem.	Su	nderla	nd Md.
21. SIGNATURE OF FUNERAL SERVICE LICENS	HEE ON		22. NAME A	NO AOORESS DF FA	CILITY		
M. Michael	How		RAI	usel F	Word Han	10 -	
23. PART I. Enter the diseases, or com	polications that cause	d the death. Do not	antar the m	ode of dving, suc	h se cardlec or reaple	ratory arrest.	Approximete
shock, or heart fallure. List							Interval Between Onset end Deeth
IMMEDIATE CAUSE (Finel disease or condition	115.	1	- 6	0.	1- 0		Onset end Deeth
resulting in death) e	uren	my !	Thei	2	men.	~	10009
	DUE TO (OR AS	A CONSEDUENCE DF):					0
Sequentially list conditions, b	2115 72 72 42	1 0000000000000000000000000000000000000					
If any, leading to immediate cause. Enter UNDERLYING	DUE TO (DH AS	A CONSEQUENCE OF):					
CAUSE (Disesse or Injury C	DUE TO (OR AS	A CONSEDUENCE OF):					
that initiated events resulting in death) LAST	DUE TO (OH AS	A CONSEDUENCE OF):					
d							
PART II. Other significant conditions c	contributing to deeth	but not resulting in	the underlyli	ng cause given in	Part I. 24s. WAS AN		Ib. WERE AUTOPSY FINDINGS
Serve Or	genie !	Bran	Sur	drue	PERFOR	1	AVAILABLE PRIDE TO COMPLETION OF CAUSE
Lune	OS 22 - 0	100:			1 NES 2	NO	DF DEATH?
CIP D.	- C	gues					1 YES 2 NO
310 Perc	the E	dosep	24	usum	5		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:	10	THERE	PLACE OF DEATH (C)	heck only one)		
	☐ Inpatient 2 ☐ ER/Out	ipatient 3 DOA 4	Ho gnleni		8 Other (Specify)		
27. MANNER OF DEATH	(Month, Day, Year)	28b. TIME D		JURY AT	28d. DEŞCRIBE NDW II	NJURY OCCURED	
1 Natural 5 Pending 2 Accident Investigation			M 1 🗆	YES 2 NO			
3 Suicide 8 Could not be	28e. PLACE DF INJUR building, etc. (Spe	Y — At home, farm, stre	et, fectory, off	Ice	28f. LDCATIDN (Street e City or Town, State)	and Number or Runs	l Route Number,
4 Homicide determined							
290. CERTIFIER 1 CERTIFYING PHYSICIAL	N: To the best of my kno	wiedge, death occurred	at the time, da	te end place, end du	e to the ceuse(e) end men	ner as stated.	
one) 2 MEDICAL EXAMINER: C	On the baels of examinati	on end/or investigation,	in my opinion,	death occured at the	time, date end place, en	d due to the cause	e(e) end manner as stated.
29b. SIGNATURE AND TITLE DF CERTIFIER	- 0	7		29c. LICENSE NU	MBER	29d. DATE/SIGN	EO (Month, Day, Year)
ATMUND		9			127	1//10	151
30. NAME AND ADDRESS OF PERSON WND C	OMPLETEO CAUSE DF D	EATN (ITEM 27) (Type, Pr	rint)				(' /
Prince Freds	-ak		206	78			
31. DATE FILED (Month, Day Year)	32. REGISTRAB'S SIG	NATURE					
NNV1 4 1991	Julia Davids	on-Mandell					
L	10						

1	-	STATE REGISTR	A
П	1 0	ECEDENT'S	B.I

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR		CERTIFIC	ATE OF	DEATH	F	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF MONTH	DEATH DAY	YEAR	3. TIME OF DEATH
Nadine L. Chapmai	n aka Nadi	ne L. Galla	gher		10	17	91	3:30 AM M
			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF I		8. BIRT	HPLACE (State or Foreign
578-56-8166	1 M 2 XF 91	YRS.	ONTHS DAYS	HOURS MIN.		8 190		ansas
9a. FACILITY NAME (If not institution, give street	et and number)	9	b. CITY, TOWN	OR LOCATION OF DE	EATH	9	c. COUNTY OF	OEATH
William Hill Manor			Eastor	า			Talbo	ot
10a. STATE 10b. COUNTY			TOWN OR LOCA	TION				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
Maryland Talbot		Easte		f. ZIP CODE	_	1 10	na CITIZEN OF	WHAT COUNTRY?
Rt.3 Box 191				21601			USA	
11. MARITAL STATUS 1 Naver Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 _ YES IF YES, GIVE WAR OR D	2 XNO	If yea, sp	CENDENT OF HISPAI pecify Cuban, Mexica S 2 NO Specif	n, Puarto Rice		Bla	CE — American Indian, ck, While, atc. White
15. DECEDENT'S EDUCA (Specify only highest grade co		16a. DECEDENT'S US	SUAL OCCUPATI	ON ost of working	18b. Kill	ND OF BUSINE	ESS/INDUSTRY	
Elementary/Secondary (0-12)	Collage (1-4 or 5+)	(Give kind of wor	retired.)					
12	3	Judge					Cir	cuit Court
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Midd	tle, Meiden Sur	name)	
(unknown)	Lane			Irene				
190. INFORMANT'S NAME (Type/Print)				end Number or Rural				
Cecil Yates				ack Lane,	_	T		
20a. METHOD OF DISPOSITION 1 ☐ Burlel 2 ☐ Cremation 3 ☐ Ramov	al from State of	b. PLACE AND DATE (cemetary, crematory of	other place)		DATE		ION — City or	
4 Donetion 5 Other (Specify)		alisbury Cr	emator	ND ADDRESS OF FA	10-18	Salis	bury, M	laryland
M.E. Deser		CFSR	Newr	nam Funer	al Hon		M(D) 91	601
23. PART I. Enter the diseases, or co	mplications that cause	d the desth. Do no						Approximate
shock, or heart failure. Li								Intervel Between Onset and Deeth
IMMEDIATE CAUSE (Final diaease or condition	Comple	T. 1/2	. #	- L. P.	4.0			Onset and been
resulting in death) e.	DUE TO TOR AS	A CONSEQUENCE OF):	on y	0 2000				- 0
	- ^	H D						MANEY YOU
Sequentially list conditions, if any, leeding to immediate		A CONSEQUENCE OF):						
cause. Enter UNDERLYING								
CAUSE (Diseese or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):						
resulting in death) LAST								
PART II. Other algnificent conditiona	contributing to death	but not reculting in	the underful	ag cause gluon in	Port I 2	Le. WAS AN AU	TODEY 2	4b. WERE AUTOPSY FINDINGS
TANT II. Other algimicent conditions	Continuously to death	but hist resulting in	the dilderlyii	ig cause given in		PERFORME	D?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
					1	YES 2	NO	OF DEATH?
					_			1 YES 2 NO
	HOSPITAL:		OTHER:	PLACE OF DEATH (CI				
1 TYES 2 NO	1 Inpatient 2 ER/Out 28a. DATE OF INJURY	tpatient 3 DOA 26b. TIME		ma 5 - Raaldenca			IDV ACCURED	
J Natural 5 Pending	(Month, Day, Year)	260. TIME INJU	RY W	JURY AT	28d. DESCH	INSE HOW INJ	URY OCCURED	
2 Accident Investigation	200 DI ACE OF IN HIE	Y Albama fam at		YES 2 NO	204 1 0017	ON Charter	Abomboo as Osum	of Davids Name
3 Suicide a Could not be delermined	building, atc. (Sp.	Y — Al home, farm, at ecity)	eet, factory, on	Ca		Town, State)	Number or Hure	al Route Number,
29e. CERTIFIER	7 312 8	and the second second			Day 1			4
cons)	: On the heat of my kno							e(a) and manner as stated.
		July of Mirostigation	, my opinion,					<u> </u>
29b. SIGNATURE AND TITLE OF CERTIFIER	3 0			29c, LICENSE NU	MAER			ED (Month, Day, Yeer)
seigh of	my	1		D01225			10.	-17-4
30. NAME AND ADDRESS OF PERSON WHO								
Stephen P. Carney.			nue, Ea	ston, MD	21601			
31. DATE FILED (Month, Day, Year) OCT 18 1991	32: REGISTRARIS SIG	- dall						
001 10 100								

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page be filed within 72 hours after death with the State Dept. of Health and Merital Hyglene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

			CERTI	FICATE OF	FDEATH	REG. NO	NE)	
	1. DECEDENT'S NAME (First, Middle, La		1			2. DATE OF DEATH	DAY YEAR	3. TIME OF DE
1	Leste:	111,045(41		ibson,			199	
)	215-38-2334	1X M 2 F	AGE (In yrs. lest birthda 52 YRS.	MONTHS DAVE	-	7. DATE OF BIRTH (Month, Day, Year)	Cou	RTNPLACE (Stete or untry)
1	9a. FACILITY NAME (If not institution, gi	2.2	3 2		OR LOCATION OF D	6 12 19		aryland
СТОВ				East		ZAIN	9c. COUNTY OF	lbot
141	10a. STATE 10b. COL	UNTY		CITY, TOWN OR LOC	ATION			10d. INSIDE CIT
DIR		albot	Eas	ton				1 X YES 2
RAL	10e. STREET AND NUMBER			1	of. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
NER	1103 Mulberry H				21601		USA	
FUN	1 Never Married 2 Married	12. WAS DECEDENT EV FORCES? 1 X IF YES, GIVE WAR (YES 2 NO	13. WAS OF	ECENDENT OF HISPA specify Cuban, Mexic	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	a or No- 14. R/BI	ACE — American Inclack, White, etc.
BY	3 Widowed 4 X Divorced	U.SAri		1 🗌 YE	S 2 XNO Speci	fy:	Sp	White
ED	15. DECEDENT'S 8 (Specify only highest gi	EDUCATION	16a. DECEDENT	'S USUAL OCCUPAT	TION	16b. KIND OF BU	I SINESS/INDUSTRY	
LET	Elementary/Secondery (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT	of work done during n use retired.)	nost of working			
COMPL	12	1	Securit	v Guard		State of	Marylan	d
00	17. FATNER'S NAME (First, Middle, Last)				16. MOTNER'S NA	AME (First, Middle, Maiden		
BE	Lester A. Gibson	, Sr.				. Smith		
0	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow		
	Lester A. Gibson,	Sr.				ton, MD 216	301	
	20a. METNOD OF DISPOSITION 1 Burial 2 Cremation 3 R	Removal from State	20b. PLACE AND DAT cemetery, crematory of		Vame of	DATE 20c. LO	CATION — City or	Town, State
	4 Donation 5 ☐ Other (Specify)	LICENSEE	Oxford Con	netery		11-6 Oxformal Home	ord, Mary	land
	AT SIGNATURE OF PONEMAE SERVICE	LICENSEE		1 22 NAME /	AND ADDRESS OF EA	CH ITV	3	
			1	Newi	nam Fune	ral Home		
	TOHN R	- MERCE	RON	200 S	. Harrison	St., Easton	, MD 216	601
	23. PART i. Enter the diseases, of	OF COMPICATIONS that can	でった used the death. Do	200 S	. Harrison	St., Easton	, MD 216	601 Approxir
	23. PART i. Enter the diseases, a hock, or heart failure iMMEDIATE CAUSE (Final	- MERCE	used the death. Do on each line.	200 S	. Harrison	St., Easton	, MD 216	Approxir
	23. PART i. Enter the diseases, a hock, or heart failui	or complications that cause of a	used the death. Do	not enter the m	. Harrison	St., Easton	, MD 216	Approxii
	23. PART i. Enter the diseases, a shock, or heart failur iMMEDIATE CAUSE (Final disease or condition	or complications that cause of a	used the death. Do on each line.	not enter the m	. Harrison	St., Easton	, MD 216	Approxii
NOI	23. PART i. Enter the diseases, abock, or heart failure immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	a. DUE TO (OR	used the death. Do on each line.	200 S. o not enter the m	. Harrison	St., Easton	, MD 216	Approxii
ATION	23. PART i. Enter the diseases, abook, or heart failur immediate Cause (Final disease or condition reaulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING	a. DUE TO (OR	used the death. Do	200 S. o not enter the m	. Harrison	St., Easton	, MD 216	Approxi
CAT	23. PART i. Enter the diseases, abook, or heart failured immediate condition reaulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. DUE TO (OR DUE TO (OR C.	used the death. Do on each line.	200 S. o not enter the m CA Z. Ala.(OF):	. Harrison	St., Easton	, MD 216	Approxi
RTIFICAT	23. PART i. Enter the diseases, abook, or heart failur immediate Cause (Final disease or condition reaulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING	a. DUE TO (OR DUE TO (OR C.	used the death. Do on aach lina. AS A CONSEQUENCE AS A CONSEQUENCE	200 S. o not enter the m CA Z. Ala.(OF):	. Harrison	St., Easton	, MD 216	Approxii
CAT	23. PART I. Enter the diseases, a shock, or heart failured immediate cause. Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avants resulting in death) LAST	a. List only ona cause of DUE TO (OR DUE TO (OR d.	as a consequence	Proposition of the proposition o	. Harrison ode of dylng, suc	St., Easton the action of reap	, MD 216	Approximation of the second of
- CERTIFICAT	23. PART I. Enter the diseases, a shock, or heart failure immEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avants	a. List only ona cause of DUE TO (OR DUE TO (OR d.	as a consequence	Proposition of the proposition o	. Harrison ode of dylng, suc	St., Easton the action of reap	a, MD 216 iretory arrest,	Approxir
- CERTIFICAT	23. PART I. Enter the diseases, a shock, or heart failured immediate cause. Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avants resulting in death) LAST	a. List only ona cause of DUE TO (OR DUE TO (OR d.	as a consequence	Proposition of the proposition o	. Harrison ode of dylng, suc	Part I. 24a. WAS AN	AUTOPSY AMED?	Approximintarial Onaer at Washington
MEDICAL CERTIFICAT	23. PART I. Enter the diseases, a shock, or heart failured immediate cause. Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avants resulting in death) LAST	a. List only ona cause of DUE TO (OR DUE TO (OR d.	as a consequence	Proposition of the proposition o	. Harrison ode of dylng, suc	Part I. 24a. WAS AN PERFOR	AUTOPSY AMED?	Approxitinterval Onaet all Approximation of Death?
MEDICAL CERTIFICAT	23. PART I. Enter the diseases, a shock, or heart failure immEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avents resulting in death) LAST PART II. Other aignificant conditions in the cause of the cause	a. Counting to dea fur with Actions contributing to dea fur with Actions that can be contributed as a counting to dea fur with Actions contributing contributing to dea fur with Actions contributing con	as a consequence	onot enter the m Chylla OF): OF): OF): What Relative	ng cause given in	Part I. 24s. WAS AN PERFOR	AUTOPSY AMED?	Approxitintarval Onaet all Approxitintarval Onaet all Approxitintarval Onaet all Approximation of Death?
MEDICAL CERTIFICAT	23. PART I. Enter the diseases, ahook, or heart failur immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avants resulting in death) LAST PART II. Other algorificant conditions, if sny, leading in death and initiated avants resulting in death) LAST	a. Counting to dea fur with Actions contributing to dea fur with Actions that can be contributed as a counting to dea fur with Actions contributing contributing to dea fur with Actions contributing con	as a consequence	onot enter the m Carilla OF): OF): Gin the underlying with the private that the modern of the mo	. Harrison ode of dylng, suc	Part I. 24s. WAS AN PERFOR	AUTOPSY AMED?	Approxitintarval Onaet all Approxitintarval Onaet all Approxitintarval Onaet all Approximation of Death?
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641

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32, REGISTRAR'S SIGNATURE

William H. Wood

31. DATE FILED (Month, Day, Year)

NOV = 4 1991

EASTON, MY 21601

ye. in means with Philade BE

The second secon
O THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 mours after death. Page 6 may be retained by the hospital or attending physician.
IRECTOR. After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit permit; Pages 🔭 🔭
be filed within 72 hours after death with the State Dept, of Health and Merital Hygiene prior to burlal, cremation, or removal.
MPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year)

3 '91

32. REGISTRAR'S SIGNATURE

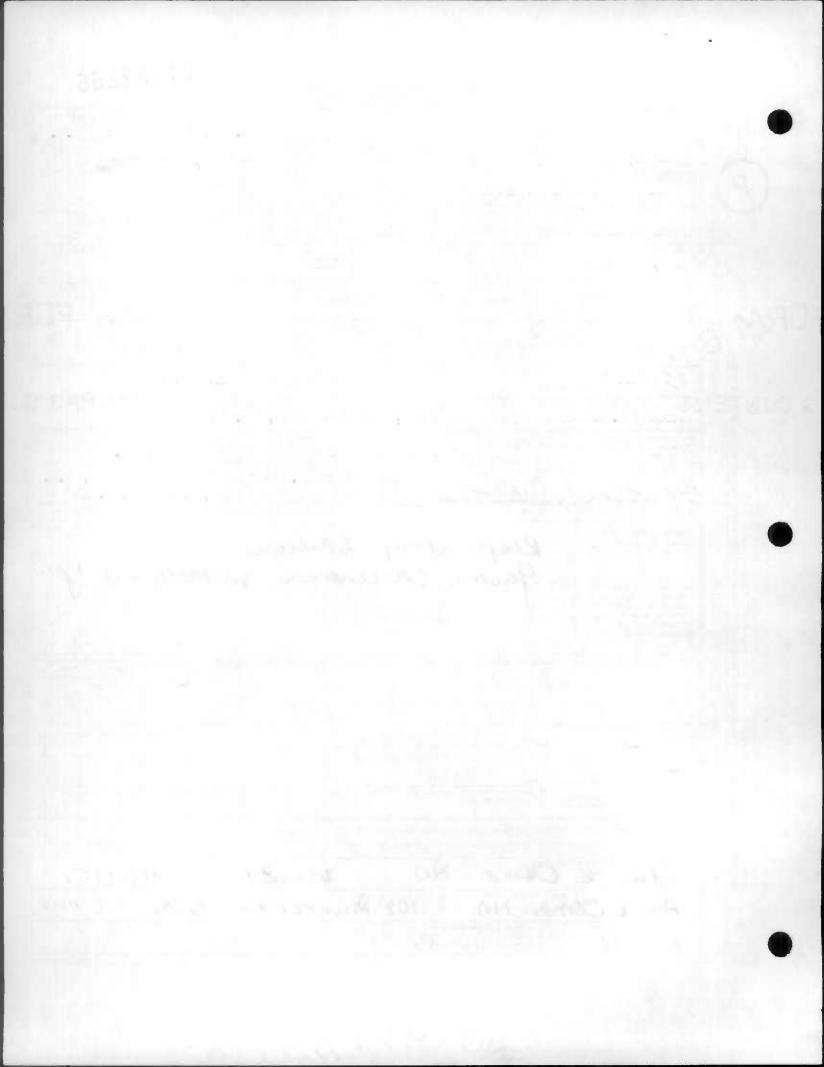
lia Davidson-Randell

REG. NO. 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH Nov. 11, 1991 LEE ROY GILLIAM 6:45 A.M. M 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign April 28,1933 Virginia 230-42-7543 1 X M 2 - F 58 YRS. 9a. FACILITY HAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Fallston General Hospital Fallston Harford DIRECTO RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10a. STATE 10b. COUHTY 10d. IHSIDE CITY LIMITS? Pennsylvania York Delta 1 YES 2 HO FUNERAL 10e. STREET AND NUMBER 10g, CITIZEN OF WHAT COUNTRY? 10f ZIP CODE Rt 2, Box 415 17314 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES TO THE YES, GIVE WAR OR DATES 11 MARITAL STATUS 13. WAS DECEMDENT OF HISPANIC ORIGIN? (Specify Yea or Holif yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Hever Married 2 Married 1 YES 2 HO Specify: Specify BY 3 Widowed 4 Divorced White ETED 18a. DECEDENT'S USUAL OCCUPATIOH
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIHD OF BUSINESS/IHDUSTRY (Spec Elementary/Secondary (0-12) College (1-4 or 5+) Construction Welder COMPL 8 17. FATHER'S HAME (First, Middle, Last)

Gilliam 16. MOTHER'S HAME (First, Middle, Malden Surname) Gertrude Burke BE 19a. IHFORMANT'S HAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 Shirley A. Gilliam Rt 2, Box 415, Delta, Pa. 17314 20a. METHOD OF DISPOSITION

1 Durial 2 Cremation 3 Removal from Stata 20b. PLACE OF DISPOSITIOH (Name of cemetery, crematory or 26c. LOCATIOH -- City or Town, State Slate Ridge Cemetery Delta, Pa. ☐ Donation 5 ☐ Other (Specify) . 22. HAME AND ADDRESS OF FACILITY
HOWARD K. McComas III Funeral Home, P.A. 21. SIGHATURE OF FUHERAL SERVICE LICENSEE 1317 Cokesbury Road, Abingdon, Md. 21009 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errect, Interval Between shock, or heart fellure. List only one ceuse on each line. Onset and Deeth IMMEDIATE CAUSE (Finel disease or condition DUE TO (OR AS A COHSEQUENCE OF) resulting in deeth) (OR AS A COHSEQUENCE OF): 1 4000 CERTIFICATION Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE OF): If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST MEDICAL PART II. Other eignificant conditione contributing to death but not resulting in the underlying cause given in Part i. 24s, WAS AN AUTOPSY 24b. WERE AUTOPSY FIHDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 HO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMIHER? OTHER: Inpetiant 2 - ER/Outpetlant 3 - DOA 4 Hursing Home 5 Rasidence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. IHJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED INJURY 1 Natural 5 Pending M 1 YES 2 HO BY 2 Accident 28e. PLACE OF IHJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATIOH (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER

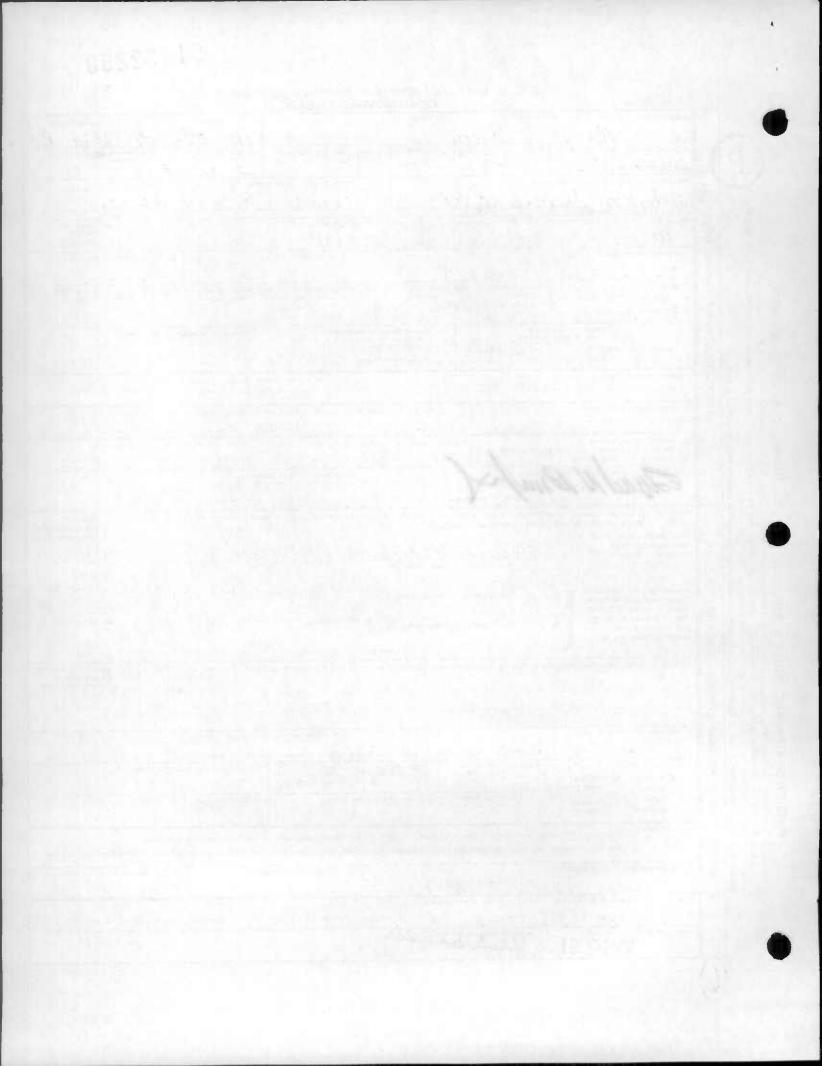
1 CERTIFYING PHYSICIAH: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMIHER: On the beals of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER CHARACTER D36 69 29d. DATE SIGHED (Month, Day, Year) BE 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 0 Plunterld Annk (Isman Mus



	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Las.)			CERTIF	ICAT	E OF	DEA	ГН		REG. NO	D		
	IRENE	G.			COE	TZKE			2. DATE MONT	OF DEATH	To	YEAR	7.:20 AM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	-	R 1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH	10		LACE (State or Foreign
	216-03-3186	1 M 2 K F	89	YRS.	MONTHS	DAYS	HOURS	MIN,	(Mon	h, Day, Year)	907	Country,	vland
1	9a. FACILITY NAME (If not institution, give	street and number)			9b. CIT	Y, TOWN O	R LOCATI	ON OF DE		. 21) 1		NTY OF DE	J
DIRECTOR	NORTH ARUNDEL	HOSPITAL	ASSOCI.	ATION		GLEN	N BUH	RNIE				A.A	. COUNTY
[E	RESIDENCE OF DECEDENT 10e. STATE 10b. COUN	TY		10c. CIT	y TOWN	OR LOCAT	ION						
DIR	Maryland Ba	ltimore				tons		10					10d. INSIDE CITY LIMITS?
AL	10e. STREET AND NUMBER		-		0 0		ZIP CODE				10a, CITI		1 X YES 2 NO
IERAL	1212 Biddle F	lace					27	228				S.A.	
FUN	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.		13.	WAS DECI	ENDENT C	F HISPAN	IIC ORIGII	N? (Specify Ye	a or No—	14. RACE	- American Indian,
ВУ	1 Never Merried 2 Married 3 Widowed 4 Divorced	IF YES, GIVE V		340		1 YES	2 NO	n, Maxica Specify	n, Puarto	Rican, etc.)		Specify WI11	White, etc.
	15. DECEDENT'S ED	UCATION	180	DECEDENT'S	IICIIAI (COLIBATIO	A.C						te
ETED	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5		(Give kind of ville. Do NOT us	vork done	during mos	it of workin	g	168	. KIND OF BL	JSINESS/IND	USTRY	
릴	12	Conege (1-4 or 5		redi	t D	epar	tme	nt		Depa	rtme	nt S	tore
COMPL	17. FATHER'S NAME (First, Middle, Last)								ME (First,	Middle, Maider		-10 10	0010
BE	Joseph Gaeng					3		ry 1					
2	19a. INFORMANT'S NAME (Type/Print)									ber, City or Tov			
	Robert C. Goe	tzke		1925	Fa	irfa	x R						21401
	20a. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Rei	moval from State	20b. PLAC	E AND DATE O	F DISPO	SITION (Nar	ne of		1 1 943	E 3 20c. LC			
	4 Domitton 5 Other (Specify)	venede /) HI 9 TY		eem	er 0				Ba	ltim	ore,	MD
- 1	(L. 11)	11	1	/	122	aylo	ADDRES	une:	ral	Chap	el	21	401
_	23. PART I. Enter the diseases, or	V. Vey	Tar		1	47 G	lou	ces	ter	St	Anna	poli	s,MD
z	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.	ORAS A CONS	X		0							Interval Betwee
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	с	(OR AS A CONS										
DICAL C	PART II. Other aignificant condition	ns contributing to	death but not	resulting i	n the ui	nderlying	cauae g	iven in I	Part i.	24a. WAS AMPERFO	AMED?	- 1	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION DF CAUSE
	D) WAL	neith	éh 6	V									F DEATH?
PHYSICIAN:	25. WAS-CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 DOA	OTHE		S Res						
E	27. MANNER OF DEATH	28a. DATE OF (Month, De	INJURY	26b, TIME	OF	28c. INJU WOR	RY AT			CRIBE HOW	NJURY OCC	URED	
B	1 Natural 5 Pending 2 Accident Investigation		.,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1130	М		ES 2	NO					
ETED	3 Suicide 8 Could not be 4 Homicide	28e. PLACE Of building.	F INJURY — At It atc. (Specify)	iome, ferm, a	reet, fac	tory, office			28f. LOC. City	ATION (Street or Town, State)	and Number	or Aurai Aou	ite Number,
COMPLI	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS	ER: On the beet of ax	my knowledge, c	leath occurre	d at the t	ime, date a	and place,	end due t	o the ceu	se(e) and me	nner se state	d. ceuse(a) a	nd manner ea stated.
TO BE C	296. SIGNATURE AND TITLE OF GENTLE II	000					29c, LICE						louth, Day, Year)
les II	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUS	E OF DEATH (IT	FM 27) /7/200	Print)							//	

NOV I S 1881 SALICILLARIES

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTME CERTIFICA	NT OF HEALTH AND TE OF DEATH	D MENTA	AL HYGIENE REG. NO.		
14		MAUDE HUrry	HURRY		2. DAT	E OF DEATH	9/YEAR	3. TIME OF DEATH 1324 P
	4. SOCIAL SECURITY NUMBER 14-36-1793 344-34-4-24-2	1 M 2 F	77 YRS. MONTH		12.	of BIRTN th, Day, Year) - 02-/3	MA	RYLAND
DIRECTOR	9a. FACILITY NAME IT NOT INSTITUTION GIVE WASHINGTON ADV RESIDENCE OF DECEDENT	ENTIST HOSPIT	AL 96. C	TAKOMA PAI	Pay	1. 11		TGOMERY
	MD. WI	COMICO		ISBURY				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	RT. #7, BOX 159	JOHNSON ROAL		101. ZIP CODE 21801			U.S.A	
В	t Never Married 2 Married 3 XWidowed 4 Olvorced	FORCES? 1 YES	2 NO	3. WAS DECENOENT OF NIS If yea, specify Cuban, Max 1 YES 2 NO Specify No. Spec	dcan, Puerto	N? (Specify Yan or No— Rican, atc.)	14. RACE Black Specif	- American Indian, , White, atc.
PLETED	15, DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) Collège (1-4 or 5+)	iffe. Do NOT use retired	ne during most of working f.)	16	b. KINO OF BUSINESS/IN	IDUSTRY	
E COM	10 17. FATNER'S NAME (First, Middle, Last) JAMES MITCHELL H	IGGS	HOMEMAKE	18. MOTNER'S	NAME (First,	Middle, Meiden Surname)		
TO B	19a. INFORMANT'S NAME (Type/Print) DONNA MARIE GUY			OX 159, JOH	ral Route Num	ber, City or Town, State, Z		MD. 21803
DICAL CERTIFICATION	23. PART i. Enter the diseases, or ehock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially liet conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST	e. A CLITE OUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C	the deeth. Do not entitle line. MYOCATONSEOUENCE OF): ONSEOUENCE OF): ONSEOUENCE OF):	PON ARY	UNERAL LEON Unch as cer FAR (NARDTOWN, I diac or respiratory en TION TION 24e. WAS AN AUTOPSY PERFORMEO?	MARYL, rreet,	Approximete interval Betwee Oneet and Dec
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ☐ YES 2 ☑ NO	HGSPfTAL: 1 10 Inpatiant 2 □ ER/Outpet	отні					DF DEATH? 1 YES 2 NO
	27. MANNER OF OEATN 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Yeer)	28b. TIME OF INJURY	28c. INJURY AT WORK?	_	(Specify) SCRIBE NOW INJURY OC	CUREO	
ETED BY	2 Accident Investigation 3 Suicida 6 Could not be determined	26a. PLACE OF INJURY — building, atc. (Specify)	At home, ferm, street, fa	1 YES 2 NO	281. LOC City	ATION (Street and Number or Town, State)	r or Rural Ro	ute Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS 2 MEDICAL EXAMINE	ICIAN: To the best of my knowled	ga, daeth occurred at the	time, data and place, and d	us to the car	use(a) and manner as sta	ited.	and manner as stated,
BE	29b. SIGNATURE AND TITLE OF CERTIFIE		1	29c. LICENSE N	UMBER	29d. OA1		Month, Day, Year)
TO B	30. NAME AND A ODRESS OF PERSON WIN THOMAS 31. OATE FILEO (Month, Day, Year) NOV 1 2 '91	O COMPLETEO CAUSE OF OEATH 1	MD, WA	1 -	6207	7 >	11-	7-91



TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ne funeral director, page 5 should be detached al.	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filed in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
r death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within . Ans after death. Page 6 may be retained by the hosp

1 - STATE REGISTRAR	STATE OF MAR				EALTH AND DEATH	MENT	AL HYGIENE REG. NO.			
1. OECEDENT'S NAME (First, Middle, Lest) ALLEN	ANT	ON		I	носн	MON	TE OF DEATH		YEAR	3. TIME OF DEATH 7:22 D M
4. SOCIAL SECURITY NUMBER 154-38-2611		GE (In yrs. last birt	rnday) IF t	THS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Moi	E OF BIRTH oth, Day, Year)	947	Country	JERSEY
90. FACILITY NAME (If not institution, give ROUTE #5 & G		S ROAD		GREAT	MILLS	DEATH	1 27,	9c. CDUN	TY OF DE	
100. STATE 10b. COUNT MARYTIAND ST.	MARY'S	to		WN OR LOCAT						tod. INSIDE CITY
10e. STREET AND NUMBER			TILIXI		. ZIP CODE					1 YES 2 NO
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR OI	ES 2 X NO		If yee, spe	20653 ENDENT OF HISP/ ecity Cuben, Mexic 2 X NO Spec	cen, Pueric	IN? (Specify Yes o Ricen, etc.)		S.A. 14. RACE Black Specif WHI	
15. DECEDENT'S EOL (Specify only highest grade Elementary/Secondery (0-12)	CATION completed) College (1-4 or 5+) YEARS	(Give ki	ind of work o NOT use reti	AL OCCUPATION done during moderated.)	on st of working	16	U.S. G		STRY	
AUGUST ANTON 19. INFORMANT'S NAME (Type/Print)	HOCI				LILLI	AN	Middle, Malden S HAUC	CK		
	EVIN	981	O ORC	HID C	RCLE, G	REAT	FALLS,	VIRO	GINI	
1 Burlat 2 X Cremetion 3 Rem 4 Donetion 5 Other (Specify)	ovel from Stete	20b. PLACE AND I cemetery, cremeto LEE CREI	MATOF	(ace)	1	1/9/9		TON,		vn, State YLAND
Muchael F.	Gardine	2		MATTIN	D ADORESS OF F NGLEY—GA BOX 270	RDIN				, P.A. AND 20650
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated avents resulting in death) LAST	DUE TO (OR A	AS A CONSEQUEN	ICE OF):	ne						Onset and Death
PART II. Other significant condition	s contributing to death	h but not resul	Iting In the	a undariying	cause given in	Part I.	24e. WAS AN A PERFORM	AED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 ER/O			HER:	ACE OF DEATH (C	6X) Oth	er (Specity) P			OADWAY
1 Natural 5 Pending 2 Accident Investigation 3 Suicide e Could not be	1 1 / 0 5 / 1 28e. PLACE OF INJU	1991 7	7:22	on 1 □ Y	ES 2X NO	PE	DESTRI	AN S	TRU	
4 Homicide determined	building, etc. (S	PUB	LIC	ROADV		MIL	LS ROA	D G	REA	T MILLS,
one) 2 MEDICAL EXAMINE	R: On the basie of exemina	ation and/or invest	tigation, in	my opinion, de	sth occured at the	e time, dat	e end place, end	due to the		
30. NAME AND ADDRESS OF PERSON WH	2 Che	DEATH (ITEM 27)	(Type, Print)		O.C.M					Month, Day, Year)
31. DATE FILEO (Month, Dey, Year)	0	111 P	ENN	STREE	T BAL	TIM	ORE, M	ARYL	ANI	21201
101 8 '91	32. REGISTRAR'S SI	vidson-ha	Name							

BALTIMORE, MARYLAND 21215-0020

TO THE HDSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

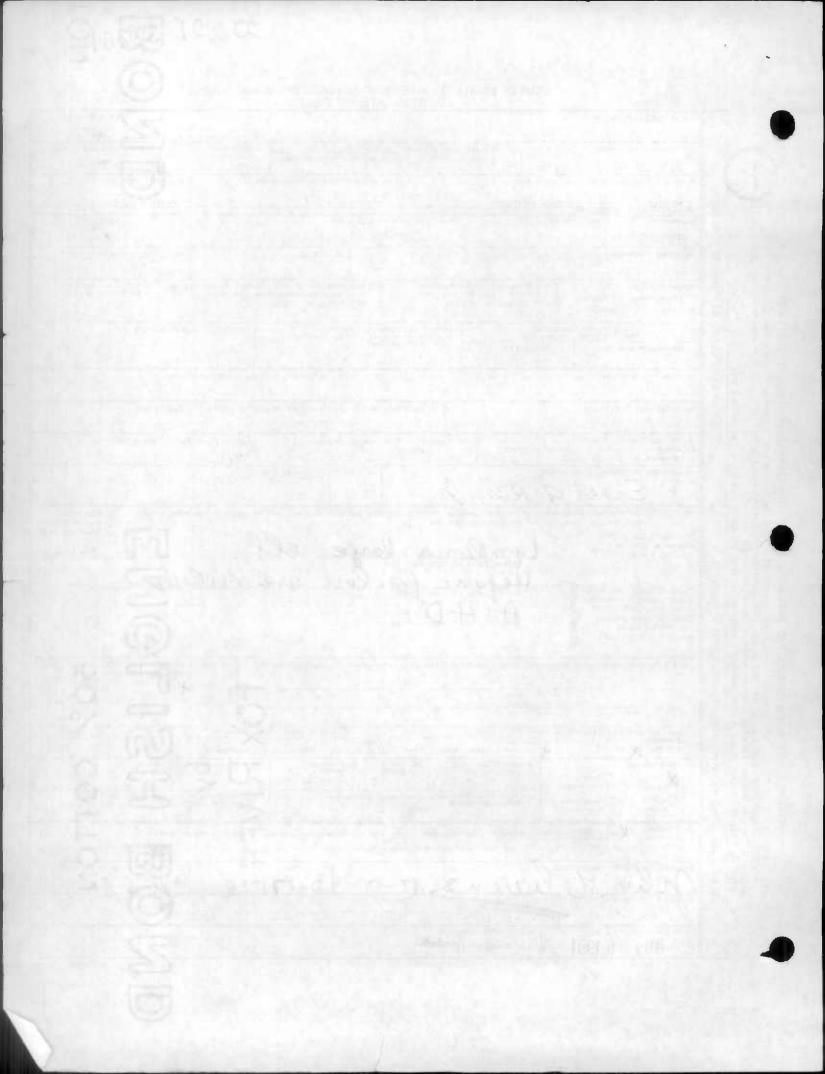
3	1. DECEDENT'S NAME (Firs	L		ОТНҮ			IANS	ON		2. DATE OF	0.5°	1	9454	12:56 F
Con Con	4. SOCIAL SECURITY NUM 215-52-816		5. SEX 1 M 2 F	8. AGE (In yrs	s. last birthday, YRS.	MONTHS	ER 1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF AUG.	BIRTH (2) 1	958	Countr	PLACE (State or For y) RYLAND
	9a. FACILITY NAME (If not in	nstitution, give s	treet and number)			9b. CI1	TY, TOWN	OR LOCATIO	ON OF DEA	ATH		9c. COU	NTY OF D	
ECTOR	BEST		TERN MO	TEL			CLINI	ON						EORGE'S
Ä	10a. STATE	10b. COUNTY	Y		10c. CI	TY, TOWN	OR LOCA	TION						10d. INSIDE CITY
H-	MARYLAND 100. STREET AND NUMBER		MARY'S		N	IECHA		VILLE						LIMITS?
FUNERAL	1950 GOLD		CH DOAD				10	t. ZIP CODE						WHAT COUNTRY?
<u> </u>	11. MARITAL STATUS	EN DEA						2065					U.S.	Α.
à l	1 Never Married 2 3 Widowed 4 Dive		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	NO	13	If yes, sp	CENDENT OF Secify Cuban 2 NO	i, Mexican	C ORIGIN? (S , Puerto Rice	ipecity Yaa n, etc.)	or No-	Black	American India k, White, atc.
ED	15. DEC	CEDENT'S EDUC	CATION	18a.	DECEDENT	SUSUAL	OCCUPATION	ON	A	16b. Kil	ND OF BUS	INESS/IND	USTRY	
<u> </u>	Elementary/Secondary (College (1-4 or 5 +	+)	(Give kind of life, Do NOT	work done ise retired.	e during mo .)	ost of working	7					
COMPL	12		1		INTER	& CC	ONTRA	CTOR		CC	NSTR	UCTIO	ON	
3	17. FATHER'S NAME (First, A							18. MOTH	ER'S NAM	IE (First, Midd	-			
u II	JENNINGS 1	HANSON								INA WE				
0	19a. INFORMANT'S NAME (Type/Print)			19b. MAILIN	G ADDRES	SS (Street e			oute Number,		n, State, Zip	Code)	
-	MR. DAVID HA	ANSON												MD. 2065
	20a. METHOD OF DISPOSIT	ION	ovat from State	20b. PLA	CEAND DATE	OF DISPO	SITION (Na			DATE		CATION -		
	4 Donetion 5 Other	r (Specify)		HUNT	CT CRE	MATO	RY			1	WA	LDORI	F, MA	ARYLAND
1	21. SIGNATURE OF FUNERA	SE VICE LIC	ENSEE //	111	7			ND ADDRES						
	and way	RINGET	ELD, JR.	MOOKE	3.					VERAL				LAND 206
	23. PART I. Enter the d shock, or h	liseases, or cleart fallure.	complications that List only one cau	t caused the	death. Do	not ente	er the mo	de of dyln	ng, auch	sa cardiac	or respli	ratory arr	eat,	Approxima Interval Be
	IMMEDIATE CAUSE (Fir disease or condition reaulting in death)	nal .	DUE TO	ang i	ISEQUENCE O	0F):								Onset and
9 11														
יישוויי	Sequentially list condition of any, leading to immediate. Enter UNDERLY! CAUSE (Disease or injury)	diate ING	G	(OR AS A CON										
VET ILLA II OLI	If any, leading to imme- cause. Enter UNDERLY!	diate ING Iry	G	(OR AS A CON										
MEDICA	If any, leading to imme- cause. Enter UNDERLY! CAUSE (Disease or Inju- that Initiated events	diate ING Iry	DUE TO	(OR AS A CON	SEOUENCE C	0F):	inderlyln	g cause gl	ven in P		. WAS AN . PERFORI	MED?	24b.	WERE AUTOPSY FIN AVAILABLE PRIOR T COMPLETION OF CO OF DEATH?
MEDICAL	If any, leading to imme cause. Enter UNDERLY! CAUSE (Disease or Inju that initiated events resulting in death) LAS	diate ING	DUE TO	(OR AS A CON	SEOUENCE C	0F):				_	PERFORI	MED?	24b.	AVAILABLE PRIOR T COMPLETION OF CA OF DEATH?
MEDICAL	If any, leading to imme cause. Enter UNDERLYI CAUSE (Disease or injuthat initiated events resulting in death) LAS	diate ING	DUE TO	(OR AS A CON	SEQUENCE C	In the u	26. PL	ACE OF DE	ATH (Chec	_	PERFORI	MED?		AVAILABLE PRIOR T COMPLETION OF CA OF DEATH?
MEDICAL	If any, leading to immecause. Enter UNDERLYI CAUSE (Disease or Injuthat initiated events resulting in death) LAS PART II. Other significations 25. WAS CASE REFERRED TO EXAMINER? XYES 2 NO 27. MANNER OF DEATH	diate ING IT Int condition:	DUE TO death but no	ot resulting	In the u	26. PL R: rising Hom 28c. INJ	ACE OF DE.	ATH (Chec	k only ona)	PERFORI	MED? □ NO MOTE	L R	AVAILABLE PRIOR T COMPLETION OF CA OF DEATH?	
PHISICIAN: MEDICAL	If any, leading to immecause. Enter UNDERLYI CAUSE (Disease or Injuthat Initiated events resulting in death) LAS PART II. Other significations 25. WAS CASE REFERRED TO EXAMINER? XYES 2 NO 27. MANNER OF DEATH 1 Netural 5	diate ING	DUE TO	death but no	ot resulting	OTHE 4 Nu	26. PL ER: ursing Hom 28c. INJ WO	ACE OF DE	ATH (Chec	k only ons)	PERFORI	MED? □ NO MOTE	L R	AVAILABLE PRIOR T COMPLETION OF CA OF DEATH?
DI PRISICIAN: MEDICAL	If any, leading to imme cause. Enter UNDERLYI CAUSE (Disease or injuthat initiated events resulting in death) LAS PART II. Other significations of the cause of	diate ING ING IT O MEDICAL Pending	DUE TO DUE TO DUE TO Contributing to HOSPITAL: Inpetent 2 28a. DATE OF (Month, De (Month, De 28e. PLACE Of	death but not be seen as a condition of the seen	ot resulting 28b. Tin 1 4 :	OTHE U	26. PL ER: rising Hom 28c. INJ WO 1 1	ACE OF DE.	ATH (Chec	X Xother (Sp. 28d. DESCRIIS U B J F. 28t. LOCATIO	PERFORI	MOTE	L R	AMALABLE PRIOR TO COMPLETION OF CAPTURE 11 See 2 N
COMPLETED BY PRINCIAN: MEDICAL	If any, leading to imme cause. Enter UNDERLYI CAUSE (Disease or Injuthat Initiated events resulting in death) LAS PART II. Other signification of the cause of t	D MEDICAL Pending Investigation Could not be determined TIFYING PHYSIC CAL EXAMINER	DUE TO DUE TO DUE TO S contributing to HOSPITAL: Inpetient 2 28s. DATE OF (Month, De la Contributing), 28e. PLACE Of building,	(OR AS A CON death but no ER/Outpetlent INJURY 94, Year) 4 19 F INJURY — At atc. (Specify) T WES my knowledge,	ot resulting 28b. Till 9 1 4: 1 home, term, TERN	OTHE 4 Number of MOTHER OF MO	26. PL R: Insing Hom 28c. INJ WO 1 1 tory, office	ACE OF DE. • 5 Rea • 1 Rea • 1 Rea • 2 Rea • 3 Rea • 4 Rea • 5 Rea • 6 Rea • 6 Rea • 7 Rea • 8 Rea • 9 Rea • 1 Rea	NO :	k only one) X Yother (Sp. 28d. DESCRII S U B J F City or 7a	PERFORI YES 2 ecify) BE HOW IN C T N (Street er wn, State)	MED? NO MOTE JURY OCC HANG NO NO NO NO NO NO NO NO NO	L R CURED GED or Bural Re	AMALABLE PRIOR TO COMPLETION OF COMPLE
COMPLETED BY PRINCIAN: MEDICAL	If any, leading to immecause. Enter UNDERLYI CAUSE (Disease or Injuthat initiated events resulting in death) LAS PART II. Other significations of the control of the contr	D MEDICAL Pending Investigation Could not be determined TIFYING PHYSIC CAL EXAMINER	DUE TO DUE TO DUE TO Secontributing to POSPITAL: Dispetient 2 28s. DATE OF (Month, Ds. Dispetient, Ds. Dispetient, Ds. E. S. DATE OF Sec. PLACE Of building, BES SIAN: To the best of	death but not death but not death but not leave the second	ot resulting 28b. Till 9 1 4 : 1 home, term, TERN desth occurr	OTHE 4 Number of MOTHER OF MO	26. PL R: Insing Hom 28c. INJ WO 1 1 tory, office	ACE OF DE. 5 Rea 10 NO Send due to det the til	k only one) X Yother (Sp. 28d. DESCRIES U.B. J. E. 28t. LOCATIO City or 7d. D. the couse(e.me, deta and left)	PERFORI YES 2 ecify) BE HOW IN C T N (Street er wn, State)	MED? NO MOTE JULIAY OCC HANG Number and Number 29d. Date	CL R CURED CED OF Rural Ri ed. a cause(s)	AMALABLE PRIOR TO COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF DEATH? 1 See 2 N O O M SELF oute Number, and mannar as ste	
O DE COMPLETED DI PRISICIANI MEDICAL	If any, leading to imme cause. Enter UNDERLYI CAUSE (Disease or Injuthat Initiated events resulting in death) LAS PART II. Other signification of the control of the contr	D MEDICAL Pending Investigation Could not be determined Physic CAL EXAMINER OF CERTIFIER	BES CIAN: To the best of ax. OUE TO DUE TO DUE TO A. BES CIAN: To the best of ax.	death but not grade to the state of the stat	ot resulting 1 3 DOA 28b. Till 9 14: 1 home, term, TERN desth occurrinvestigsti	OTHE 4 Number of Juny Street, tec	26. PL R: Insing Hom 28c. INJ WO 1 1 tory, office	ACE OF DE. 5 Rea 10 NO Send due to det the time.	k only one) X Yother (Sp. 28d. DESCRIES U.B. J. E. 28t. LOCATIO City or 7d. D. the couse(e.me, deta and left)	PERFORI YES 2 ecify) BE HOW IN C T N (Street er wn, State)	MED? NO MOTE JULIAY OCC HANG Number A No diducto this	CL R CURED GED or Rural Re	AMALABLE PRIOR TO COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF DEATH? 1 See 2 N O O M SELF oute Number, and mannar as ste	
o be compressed by Physicians medical	If any, leading to immecause. Enter UNDERLY CAUSE (Disease or Injuthat initiated events resulting in death) LAS PART II. Other signification of the control	O MEDICAL Pending Investigation Could not be determined CEAL EXAMINER OF CERTIFIER CHUTT	DUE TO DUE TO DUE TO B. Contributing to B. Contributing to Contributing to Contributing to Description of the contribution of the contribu	death but not let be the let be t	ot resulting 28b. Tim 9 1 4: 1 home, term, TERN desth occurr for investigati	OTHE 4 Number of Juny Street, tec	26. PL R: Insing Hom 28c. INJ WO 1 1 tory, office	ACE OF DE. o 5 Rea URY AT RK? yes XX and place, eath occurred	NO Send due to det the til	k only one) X Yother (Sp. 28d. DESCRIII S U B J F 28t. LOCATIO City or 76 D the ceuse(s me, data and	PERFORI VES 2 ecity) BE HOW IN C T N (Street et wn, State) and manuplace, and	MOTE JURY OCC HANG Noner ea state d due to the	CL R CURED CE D OF Rural Re ed. a cause(s)	AMALABLE PRIOR TO COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF DEATH? 1 See 2 N O O M SELF oute Number, and mannar as ste
o be compressed by Physicians medical	If any, leading to immecause. Enter UNDERLY CAUSE (Disease or Injuthat initiated events resulting in death) LAS PART II. Other signification 25. WAS CASE REFERRED TO EXAMINER? XYES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 2 Accident 3 Suicide 8 4 Homicide 29e. CERTIFIER (Check only one) 2 XMEDI 29b. SIGNATURE AND TITLE 30. NAME AND ADDRESS OF	O MEDICAL Pending Investigation Could not be determined CEAL EXAMINER OF CERTIFIER CHUTT	DUE TO DUE TO DUE TO Secontributing to Contributing to DUE TO DU	death but not let be the let be t	ot resulting 1 3 DOA 286. TIN 9 14: 1 home, term, TERN desth occurrinvestigation (or investigation)	OTHE 4 Nu ME OF JULY 3 2 P street, tec	26. PL R: resing Hom 28c. INJ Ctory, office F.E. L. time, deta opinion, d	ACE OF DE. o 5 Rea URY AT RK? yes XX and place, eath occurred	NO Send due to det the til	k only one) X Yother (Sp. 28d. DESCRIII S U B J F 28t. LOCATIO City or 76 D the ceuse(s me, data and	PERFORI VES 2 ecity) BE HOW IN C T N (Street et wn, State) and manuplace, and	MOTE JURY OCC HANG Noner es state d due to the	CL R CURED CE D OF Rural Re ed. a cause(s)	AMALABLE PRIOR TO COMPLETION OF COMPLETION O

ant no

Is marked, or item 23 snows any injury, or unier italinatic event, the medic

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE OF DEATH REG. NO.

_	nedis Inan				OLITTII	IOAIL		DEAL		HEG. NO.			
	1. DECEDENT'S NAME (First HENRY SYLVA		OUSER							2. OATE OF DEATH MONTH DA		991	3. TIME OF DEATH 9:00 A M
	4. SOCIAL SECURITY NUMBER 579 05 486		5. SEX 1 X M 2 - F	6. AGE (In yrs	e. last birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 2-61919		Count	HPLACE (State or Foreign ry) ryland
	9e. FACILITY NAME (If not in										9c. COL	c. COUNTY OF DEATH	
DIRECTOR	SACRED HEA		SPITAL					LAND			ALLEGANY		
2	RESIDENCE OF DECEDENT						OR LOCA	TION					10d. INSIDE CITY
	Maryland		gomery		Che	evy				land			LIMITS? 1 X X ES 2 NO
FUNEHAL	2904 Terr						16	Y. ZIP CODI			10g. CI		WHAT COUNTRY?
		ace D				1		2081				USA	
2	11. MARITAL STATUS 1 X Never Merried 2	Merried		YES 2	NO		If yes, s	pecify Cube	n, Mexica	NIC ORIGIN? (Specify Yea in, Puerto Ricen, etc.)	or No-	Blac	E — Americen Indien, k, White, etc.
191	3 Widowed 4 Div	orced	MM TI	Army				S 2X NO	Specif			Spec	White
		CEDENT'S EDU		164	Give kind of	work done	durina m	ION ost of working	ng	16b. KIND OF BUS	SINESS/IN	DUSTRY	
COMPLEIED	Elementary/Secondery (0-12)	College (1-4 or 5 4+		Denti					Der	ntis	try	
	17. FATHER'S NAME (First, A Adolph Ho		er							ME (First, Middle, Maiden ie Shapii	,		
DE LE	19e, INFORMANT'S NAME (19b. MAILING	3 ADDRES	S (Street			Route Number, City or Tow		in Code)	
2	Helen Wi	lner			0.7					aVale,Ma			21502
	29a, METHOD OF DISPOSIT	on 3 Rem	oval from State	20b. PL of ceme K1	ace and date etary, cremator Da	y or other i	POSITION Place) Men	M (Name	ark	West			rch, Va.
	21. SIGNATURE OF FUNERA		CENSEE					-					timore Av
	+ En	nest c	7. Ril	Leys ()	7.					Md. 2150		Dal	CIMOTE AV.
CEMILLICATION	IMMEDIATE CAUSE (FI disease or condition resulting in deeth) Sequentielly list condi if eny, leeding to imme ceuse. Enter UNDERLY CAUSE (Disease or in) that initieted events reculting in deeth) LAS	tions, ediate //ING	b. He no c. A	OF AS A CO	NSEQUENCE C	21 <u>(</u> (Zur		el us	g kung	0107	p	Onset end Death
MEDICAL	PART II. Other signific	ent condition	ns contributing to	o deeth but r	npt reculting	in the u	nderlyi	ng ceuse	givan in	Part I. 24a. WAS AMPERFOI	RMED?	24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED	TO MEDICAL					26. 1	PLACE OF E	DEATH (C	heck only one)			
	EXAMINER?		HOSPITAL:	☐ ER/Outpatie	nt 3 🗆 DOA	OTHE		me 5 🗆 R	leeldence	6 Other (Specify)		49.1	FILL SHAPE
H	27. MANNER OF DEATH		28e. DATE O		28b. Til	ME OF	28c. II	JURY AT		28d. DESCRIBE HOW	NJURY O	CCURED	
ВУР	1/3	Pending investigation	(MORIII,	Day, Year)	liv.	IJURY M		YES 2 [□ NO				
9	2 Accident 3 Suicide 8 4 Homicide	Could not be determined		OF INJURY — ;	At home, ferm,	street, fac	ctory, off	Ice		281. LOCATION (Street City or Town, State		er or Rumi	Route Number,
COMPLET	anni		N-Pin Co.							e to the cause(s) end ma			
Ö				examination en	d/or investigat	ion, in my	opinion,	death occu	ared at the	e time, date end place, e	nd due to	the ceuse	(s) end menner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)						D (Month, Day, Year)						
2	30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)												
						DRIVI	Ε, C	UMBEI	RLAN	D, MD 2150	2	77	
	NOV 0 6	1991	32. REGISTE	dson-Roy	idell								
			0										DHMH-16 Rev 1/8



DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21203-3146	L. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Services after death. Page 6 may be retained by the hospital or attending physician	DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-training
BAL	urs after death	in by the fune
	uou 3 ui	ely filled i
13146,	executed with	and complete
BOX	ificate be	physician
P.O.	death cert	attending
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	aw requires that the	ertificate has been signed by the attending physician and cor
VITAL	SIAN: The Is	rtificate has
OF	PHYSIC	this ce
DIVISION	L OR ATTENDING	DIRECTOR. After

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Sections after death. Page 6 may be retained by the attending physician and completely filled in by the funeral director, page 5 should be detached for filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION FOR

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA			OF DEAT		MENTAL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last) Ethel F. Har	den					2. DATE OF DEATH MONTH DA	1991	3. TIME OF DEATH
1	4. SOCIAL SECURITY NUMBER 5 216-22-6478 1	8. AGE (In	yrs. fast birthday) YRS.		AYS HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year) 11-9-190	8	IRTHPLACE (State or Foreign ountry) Md
BB	99. FACILITY NAME (If not institution, give stree Cuppett Weeks RESIDENCE OF DECEDENT		ome		land	ON OF DE	ATH	9c. COUNTY C	rett
DIREC	10e. STATE 10b. COUNTY			Y, TOWN OR					10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	gany		Frost	10f. ZIP CODE			10g. CITIZEN	1 TYES 2 NO
BY FUNERAL	55 Meshach F 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	rost Vill: 2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	U.S. ARMED	If y		F NISPAN	IC ORIGIN? (Specify Yea n, Puarto Rican, atc.)		AACE — American Indian, Black, White, etc. Specify: White
COMPLETED	2.0		16a. DECEDENT'S (Give kind of life. Do NOT us Homema	work done dun se retired.)	JPATION ing most of workin	g	16b. KIND OF BUS		RY
	17. FATNER'S NAME (First, Middle, Last) John Long		TOHOM	aker			ME (First, Middle, Meiden	Sumame)	
TO BE	19a. INFORMANT'S NAME (Type/Print) James Harden				treet and Number	or Rural F	a Kochen Number, City or Town	n, State, Zip Code	
	20a. METNOD OF DISPOSITION 11 Burial 2 Cremation 3 Remova	I from Ctota	PLACE OF DISPOS	SITION (Name	of cometery, crem	atory or	rk 11/8	CATION - City of	Md. 21532 or Town, State
	21. SIGNADUTE OF PUNITAAL BEHVICE LICEN		05000	22. NA	ME AND ADDRES	S OF FAC	CILITY		burg, Md.
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avents resulting in death) List IMMEDIATE CAUSE (Final disease, or conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avents resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	Dev (4		n as cardiac or respi	ratory srreat,	Approximata interval Betwean Onset and Daeth
PHYSICIAN: MEDICAL CI	PART II. Other significant conditions of the con	Contributing to death but Medicus	it not reaulting	in tha unde	orlying cause (jivan in	Part i. 24e. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 AND
SICIA		IOSPITAL:	itlant 3 🗆 DOA	OTHER:	26. PLACE OF D		8 Chier (Specify)		
ВУ РНУ	27. MANNER OF DEATN 1 Whitural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. Till IN	JURY	BC. INJURY AT WORK?	NO NO	28d. DEŞCRIBE NOW I	NJURY OCCURE	50
	3 Suicide 8 Could not ba 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Speci	— At home, farm, fy)	street, factor	, affice		28f. LOCATION (Street & City or Town, State)	and Number or Re	ural Route Number,
COMPLETED	CONDUCTION OF THE PARTY OF THE	N: To the best of my knowle On the basis of examination							use(s) and manner as stated.
TO BE	GLATURE AND TITLE OF SERTIFIER,	ON			29c. LICI	93	ABER	29d. DATE SIG	NED (Month, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WHO	itch M	0 3	Print)	N 4th	5	- Oakl	and	Mud.
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	indell						

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32 REGISTRAR'S SIGNATURE

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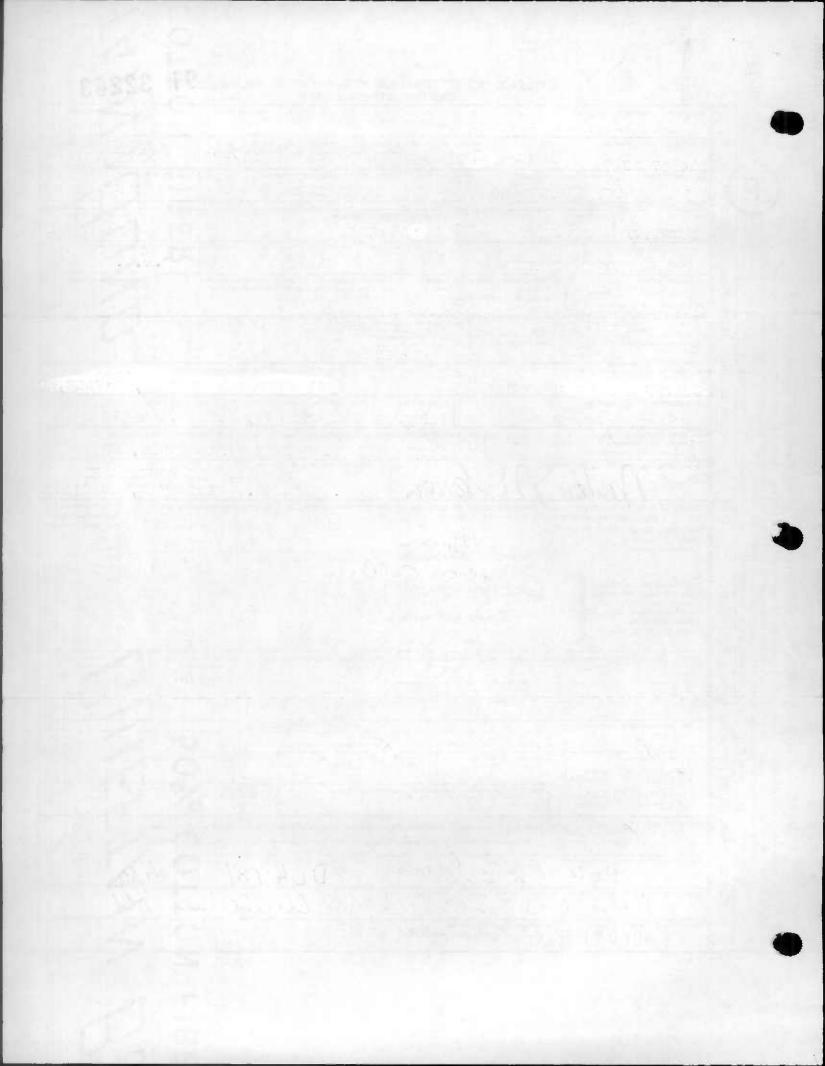
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(sper, 2, 3 should	1	RECTOR
ir death. Page 6 may be retained by the hospital or attending physician.	he funeral director, page 5 should be detached for use as the burial-transit permit. P al.	examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
LOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a flaur after death. Page 6 may be retained by the hospital or attending physician.	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Prume 2 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	I flem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	PLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR 91 5:40 AM 11 EDNA LOUISE HERRING 5. SEX 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. (Month, Day, Year) 12 HOURS DAYS MARYLAND 1 M 2 F 78 YRS. 214 07 2347 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 9e, FACILITY NAME (If not institution, give street and number) ALLEGANY CUMBERLAND CUMBERLAND NURSING HOME RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10e STATE 10b. COUNTY 10d. INSIDE CITY 1 YES 2 NO LaVALE ALLEGANY MARYLAND 10g, CITIZEN OF WHAT COUNTRY? 10a STREET AND NUMBER 10f. ZIP CODE 21532 U.S.A. 823 NATIONAL HIGHWAY 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 11. MARITAL STATUS 1 Never Merried 2 Merried 1 TES 2 NO Specify: Specify: 3. Widowed 4 Divorced WHITE 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) BEAUTY SHOP BEAUTICIAN 12 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame, ELIZABETH ANDERSON_ JAMES ANDREW HOTT 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) NATIONAL HIGHWAY, LaVALE, MD 21502 823 CONNIE SPATES 20e. METHOO OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State 20e, METHOO OF DISPOSITION

| West | Burlel | 2 | Cremetton | 3 | Removal from State
| A Donation | 5 | Other (Specify) _____ FROSTBURG MEMORIAL PARK FROSTBURG, MD 21. SIGNATURE OF THIN AL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOWERS FUNERAL HOME wess 60 W. MAIN ST., FROSTBURG, MD 21532 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fallure. List only one cause on each line. Interval Between **Onset and Death** IMMEDIATE CAUSE (Final disease or condition Kymuxic reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): terere Cot! Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO DE DEATH? 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) HOSPITAL: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 28c. INJURY AT WORK? 27. MANNER OF OEATH 28e. DATE OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, atc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be 4 Homicide determined 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) end menner se stated. 2 [MEDICAL EXAMINER: On the beele of aximination end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceues(e) end menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER



1	-	FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1. DECEDENT'S NAME (First, Middle, Last)				DEATH	REG. NO		
	11:00 11					2. DATE OF DEATH	DAY	YEAR 3. TIME OF DEAT
1	4. SOCIAL SECURITY NUMBER 172-10-8912		E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Fo
1	9a. FACILITY NAME (If not institution, give		95 YRS.	9b. CITY, TOWN C	R LOCATION OF DE	June 2,	1896 sc. COUNT	Penna.
TOR	RESIDENCE OF DECEDENT	& CARE CE	nter	Gnithe	esbue	7	mon	tgomery
DIRECTOR	Md. 106. COUNT	rv Baltimore	10c. CIT	Y, TOWN OR LOCAT	gs Mills			10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZE	1 TYES 2 X
FUNERAL	25 Bradbury Ro	oad 12. WAS DECEDENT EVER	WILLS ADVISO			117		USA
BY	1 Never Married 2 Married	FORCES? 1 YE	S 2 V NO	If yes, spe	cify Cuban, Maxica	IIC ORIGIN? (Specify Yen, Puerto Rican, atc.)	s or No 14	I. RACE — American India Black, White, atc. Specify: White
ETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	de completed)	16a. DECEDENT'S (Give kind of v life. Do NOT us	USUAL OCCUPATION Work done during messe retired.)	N st of working	16b. KIND OF BU	ISINESS/INDUS	
COMPL	8th Grade	College (1-4 or 5+)	Mie	lworker				
ш	17. FATHER'S NAME (First, Middle, Linst) Frank C. Bud	t7			16. MOTHER'S NAI	ME (First, Middle, Malder Seckel	Surname)	
TO B	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural F	Route Number, City or Tox		
	Mrs. Agnes M. Hin	2	06. PLACE AND DATE	Sommerse OF DISPOSITION (NA)				es Florida y or Town, Stata
	1 Burlat 2X Cremation 3 Ran 4 Donation 5 Other (Specify)	moval from State	emetery, cremeters or of	Crematio	n Servic	e11/13 Ho	umpsted	id, Md.
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE		22. NAME AN	D ADDRESS OF FAC	CILITY		town, Md. 21
- 6	23. PART I. Enter the diseeses, or	complications that cause	ed the deeth. Do n					
CATION	disease or condition resulting in death)	L Cereb	A CONSEQUENCE OF	rtec	ioscl	grosis		1 da
ERTIFI	Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	F):				5ye
MEDICAL CERTIFI	If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente	ns contributing to deeth	but not resulting i	F):	couse given in		RMED?	24b. WERE AUTOPSY FII ANAILABLE PRIOR COMPLETION OF COF DEATH? 1 YES 2
MEDICAL CERTIFI	If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Olsease or Injury that initiated evente resulting in death) LAST PART II. Other eignificent condition POGCOSTIVE 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	d.	but not resulting i	r): in the underlying 28. PL	ceuse given in	Pert I. 24e. WAS AN PERFOI	RMED?	AVAILABLE PRIOR 1 COMPLETION OF CO OF DEATH?
MEDICAL CERTIFI	If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST PART II. Other eignificent condition 25. WAS CASE REFERRED TO MEDICAL	d. ns contributing to deeth CEMENTIO HOSPITAL: Inpetient 2 ER/OU 280. DATE OF INJURY	but not resulting I	7): In the underlying 28, PL OTHER:	ACE OF DEATH (Che	Part I. 24a. WAS AN PERFOI 1 TYES ?	NO NO	AVAILABLE PRIOR COMPLETION OF COF DEATH?
PHYSICIAN: MEDICAL CERTIFI	If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Olsease or Injury that initiated evente resulting in death) LAST PART II. Other eignificent condition POSICIONI IV. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	d. ns contributing to deeth demention HOSPITAL: 1 InpetIent 2 ER/Ou	but not resulting I	28. PL OTHER: A Turning Home UPF 28c. INJU	ACE OF DEATH (Che 5 Residence	Part I. 24a. WAS AN PERFOI	NO NO	AVAILABLE PRIOR COMPLETION OF COF DEATH?
TED BY PHYSICIAN: MEDICAL CERTIFI	If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Olsease or injury that initiated evente resulting in death) LAST PART II. Other eignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Naturel 5 Pending	HOSPITAL: 1 Inpetient 2 ER/Ou 28e. DATE OF INJURY (Month, Day, Year)	but not resulting I	28. PL OTHER: A Varing Home E OF URY M 1 Y Y Y Y Y Y Y Y Y Y Y Y Y	ACE OF DEATH (Che 5 - Realdence III)	Part I. 24a. WAS AN PERFOI 1 TYES ?	NO N	AVAILABLE PRIOR COMPLETION OF COPENTIAL TO THE PRIOR OF COPENTIAL TO THE PRIOR OF COMPLETE TO TH
ETED BY PHYSICIAN: MEDICAL CERTIFI	If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Olsease or Injury that initiated evente resulting in death) LAST PART II. Other eignificent condition PART II. Other eignificent condition PART II. Other eignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpetient 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY building, etc. (Sp	but not resulting i	28. PL 28. PL OTHER: A duraing Home E OF 28c. INJUNY M 1 Y street, factory, office	ACE OF DEATH (Che 5	Part I. 24a. WAS AN PERFOI 1 TYES ?	NO N	AVAILABLE PRIOR COMPLETION OF COOPLETION 1 YES 2 RED Rural Route Number,
E COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Olsease or Injury that initiated evente resulting in death) LAST PART II. Other eignificent condition PART II. Other eignificent condition PART II. Other eignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpetient 2 ER/Ou 28a. DATE OF INJURY (Month. Day, Year) 28a. PLACE OF INJURY building, etc. (Sp	but not resulting i	28. PL 28. PL OTHER: A duraing Home E OF 28c. INJUNY M 1 Y street, factory, office	ACE OF DEATH (Che 5	Part I. 24e. WAS AN PERFOI 1 YES ? 6 Other (Specify) 28d. DESCRIBE HOW I 28f. LOCATION (Street City or Town, State, or Town, State, or Town, State, and the cause(a) and mailing, data and place, ar	NO N	AVAILABLE PRIOR COMPLETION OF COOPLETION 1 YES 2 RED Rural Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST PART II. Other eignificent condition PART II. Other eignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpetient 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Vear) 26a. PLACE OF INJURY building, etc. (Sp	but not resulting interpretation and/or invertigation	28. PL OTHER: Advaning Home E OF 28c. INUITY WOR 10 Y You street, factory, office od at the time, date on, in my opinion, de	ACE OF DEATH (Che 5	Part I. 24a. WAS AN PERFOI 1 YES 6 Other (Specify) 26d. DESCRIBE HOW Cify or Town, State, to the cause(s) and mattime, data and place, and BER	INJURY OCCUPANT OF THE STATE OF	AVAILABLE PRIOR COMPLETION OF COMPLETION OF COFFICE OF DEATH? 1 YES 2 AMARIE AND YES 2 AMA
E COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST PART II. Other eignificent condition PART II. Other eignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpetient 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Vear) 26a. PLACE OF INJURY building, etc. (Sp	but not resulting interpretation and/or invertigation	28. PL OTHER: Advaning Home E OF 28c. INUITY WOR 10 Y You street, factory, office od at the time, date on, in my opinion, de	ACE OF DEATH (Che 5	Part I. 24a. WAS AN PERFOI 1 YES 6 Other (Specify) 26d. DESCRIBE HOW Cify or Town, State, to the cause(s) and mattime, data and place, and BER	INJURY OCCUPANT OF THE STATE OF	AVAILABLE PRIOR 1 COMPLETION OF COOPLETION OF COOPLETION OF COOPLETION OF COOPLETION OF COOPLETION OF COMPLETION O

1 - STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. N	0.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY	YEAR 3. TIME OF DEAT	
	ALBERT EDWA					NOVEMBER		991 22:10	
1	4. SOCIAL SECURITY NUMBER 214-28-4725	1 🙀 M 2 🗆 F	GE (In yrs. last birthday) 70 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) May 01-19		8. BIRTHPLACE (Stete or For Country) Maryland	
TOB	9a. FACILITY NAME (If not institution, give stitution of DECEMBER				FREDERIC		9c. COUN	TY OF DEATH	
DIREC	10a. STATE 10b. COUNTY	vert	10c. Cl	ry, town or locat	ce Frede	rick		10d. INSIDE CITY LIMITS?	
ERAL	10e. STREET AND NUMBER 3025 Stoakley Roa				. ZIP CODE 20678	TICK		1 YES 2 🔯 EN OF WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 X Y IF YES, GIVE WAR O WW2	ES 2 NO	If yea, sp	ENDENT OF HISPA	NIC ORIGIN? (Specify Y in, Puarto Rican, atc.) y:		14. RACE — American India Black, White, etc. Specify: Black	
MPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION				18b. KIND OF B	USINESS/INDU	STRY	
8	17. FATHER'S NAME (First, Middle, Last)		railii	er	18. MOTHER'S NA	ME (First, Middle, Maide	n Surname)		
BE	Clarence Hollan 190. INFORMANT'S NAME (Type/Print)	ıd				ric Jones			
2	Edna Holland					Route Number, City or To		, Md 20678	
	20a. METHOD OF DISPOSITION 1 St Burlat 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	val from State	20b. PLACE AND DATE	OF DISPOSITION (Na	me of		OCATION — C	lty or Town, State	
	22. NAME AND ADDRESS OF FACILITY 1451 Dares Beach Rd. Sewell Funeral Home Prince Frederick, Md								
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	CHF DUE TO GORA Perfor	S A CONSEQUENCE O	n: Pastric		enth 1		tains'	
AN: MEDICAL CER	PART II. Other significant conditions	contributing to deat	h but not reaulting	in the underlying	cause given in	Part I. 24a. WAS A PERFO	RMED?	24b. WERE AUTOPSY FIL AWAILABLE PRIOR : CDMPLETION OF C DF DEATH? 1 YES 2 N	
YSICI/		HOSPITAL:	Outpatiant 3 DOA	OTHER:	ACE OF DEATH (Ch	8 Other (Specify)			
ву Рн	27. MANNEB OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJUR (Month, Day, Yea		E OF 28c. INJURY WOR	JRY AT	28d. DESCRIBE HOW	INJURY OCCU	RED	
ETED 8	3 Suicida 8 Could not be 4 Homicide determined	28a. PLACE OF INJU building, atc. (S	JRY — At home, farm, specify)	street, factory, office		281. LOCATION (Street City or Town, Stete	and Number of	Rural Route Number,	
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI CHECK ONE) 2 MEDICAL EXAMINER	IAN: To the best of my kr	owledge, death occurr	ed at the time, data	and place, and due	to the cause(a) and ma	nner as stated	cause(a) and manner as st	
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	cn.			29c. LICENSE NUN D 17/6	IBER		BIGNED (Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO KIOUMARCE YAZDAN		DEATH (ITEM 27) (Type	Print) HUNTIN	OTTO E DE	ID 206	20		

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital properties that the continuous actions after death.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Deor, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF	RTMENT	OF DEAT	AND MEN H	TAL HYGIEN REG. NO.	_	32266
	1. DECEDENT'S NAME (First, Middle, Lest) GEORGE V.	HeisE	R			M	ATE OF DEATH ON THE OWNER OF THE OWNER OW	3 4	EAR 06:10 pm
1	4. SOCIAL SECURD NUMBER 032-28-6263	5. SEX 6. AGE	IF UNDER 1	MIN. (A	ATE OF BIRTH North, Day, Year) - 15-39		BIRTHPLACE (State or Foreign Country) MELSS.		
TOR	99. FACILITY NAME (If not institution, give THE JOHNS RESIDENCE OF DECEMENT	HOPKINS HOSI	PITAL		LTIMORE			9c. COUNTY BALT	OF DEATH CIMORE CITY
DIRECTOR	10a. STATE 10b. COUNT	Arundel		y, town of					10d. INSIDE CITY LIMITS? 1 ☐ YES 2 ☑ NO
HAL	398 Magothy Rd.				10f. ZIP CODE			10g. CITIZER	N OF WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Naver Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 15 YES, GIVE WAR OR 1962 —	2 NO	11	AS DECENDENT OF yea, specify Cuben,	HISPANIC OR Maxican, Pua Specify:	IGIN? (Specify Yearto Rican, etc.)	U.S. A	RACE — American Indian, Black, White, etc. Specify:
COMPLETED	15. DECEDENT'S EDL (Specify only highest grade Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5+)	18a. DECEDENT'S (Give kind of life. Do NOT u.	work done du se retired.)	ring most of working		18b. KIND OF BUS	SINESS/INDUS	
COMP	17. FATHER'S NAME (First, Middle, Last)	<u>5</u> +	Electro	nic E	ingineer 18. MOTHE	R'S NAME (Fir	Privat		ıstry
BE	George V. 19a. INFORMANT'S NAME (Type/Print)	Heiser	19b. MAILING	ADDRESS (Le'C		Mich		de)
5	Jane-Carol Heise		398 M	agoth	y Rd. Se		Park MD	21146	5
	1 Guriel 2 X Cremetion 3 Ger 4 Donation 5 Other (Specify)	noval from State	b.PLACE AND DATE: metery, crematory or o Metro Cre	mator 22. N	Y Inc.	OF FACILITY	1/16 Cat 49	onsvil 5 Ritc	le, MD chie Hwy. Park MD 21146
CERTIFICATION	23. PART / Enter the diseasea, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Sef55 DUE TO (OR AS DUE TO (OR AS C.	A CONSEQUENCE OF	F): PUA- F):	ne mode of dylne	g, such as c	ardiac or respi	ratory arreat	Approximate Interval Between Onset and Deeth 7 days
PHYSICIAN: MEDICAL	PART II. Other significant condition	onditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO							
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	26. PLACE OF DEA	TH (Check only	one)		
BY PHYS	1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	4 Nursin	g Home 5 Reald BC. INJURY AT WORK? 1 YES 2 P	26d. I	ther (Specify) DESCRIBE HOW IN	JURY OCCUR	ED
	3 Suicide 8 Could not be determined	28a. PLACE OF INJUR building, etc. (Spe	Y — A1 home, farm, a	itreet, factor	y, office	28f. L	OCATION (Street ar lity or Town, State)	nd Number or F	itural Route Number,
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE	CIAN: To the best of my know R: On the basis of examination	viedga, death occurre on and/or investigation	n, in my opi	e, date and pleca, er	nd due to the	cause(a) and meni	ner as ateted. I due to the ca	iuse(a) and manner es ateled.
TO BE C	290, SIGNATURE AND TITLE OF CERTIFIER	DIA, MA	Frite	AN	29c. LICENS	SE NUMBER		29d. DATE SIG	GNED (Month, Day, Year)
	31. DATE FILE TO WOOM, TO WARD TO STATE OF THE STATE OF T	A STATE OF THE STATE OF DE	ATUBL 82	Print)	744				

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitied at once.
N: The law requir	icate has been si	State Dept. of He	item 23 show
DSPITAL OR AFTENDING PHYSICIAN	INERAL DIRECTOR: After this certifi	thin 72 hours after death with the	.NT: If item 28 is marked, or
TO THE HO	TO THE FU	be filed will	IMPORTA

	1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF I		MENTA	L HYGIEN		3,	2267
	1. DECEDENT'S NAME (First, Middle, Las	st)				2. DATE	of DEATH		3.	TIME OF DEATH
	Louise R.	Hewston	Hewston						YEAR	500 OC M
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH	8	BIRTHPL	ACE (State or Foreign
	577-60-2246	1 DM 2 DF 8	YRS.	MONTHS DAYS	HOURS MIN.	03-	17-10) W.	ashi	ngton, DC
.~	9e. FACILITY NAME (If not institution, giv			9b. CITY, TOWN	OR LOCATION OF E	DEATH		9c. COUNT		
рівестов	Anne Arundel RESIDENCE OF DECEDENT 100. STATE			Annapo				Ann	e Ar	undel
	MD Anne	Arundel		y, town on local dy Side						d. INSIDE CITY LIMITS? YES 2/12 NO
3AL	10e. STREET AND NUMBER		0.8	10	, ZIP CODE			10g. CITIZE	N OF WHA	T COUNTRY?
MER	4720 Oak Road			2	0764			USA		
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	27 100	II yes, sp	ENDENT OF HISPA ecity Cuben, Maxic XIXNO Spec	ean, Puerto	N? (Specify Yee Rican, etc.)	or No 1	Bleck, W	American Indian, hite, atc.
COMPLETED	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)	ide completed)	18a. DECEDENT'S (Give kind of w iffe. Do NOT us	USUAL OCCUPATION VORK done during mode retired.)	ON st of working	161	. KIND OF BUS	SINESS/INDUS		
MPL	12	College (1-4 or 5+)	School Teacher						ls	
	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N.			Sumame)		
BE	Frank Hewston 19a. INFORMANT'S NAME (Type/Print)				Eliza					
2	Richard Donal	daan		ADDRESS (Street a						
	20a, METHOD OF DISPOSITION		PLACE AND DATE O	Charles		-			207	
	1 St Buriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	emoval from Stata	etery, crematory or of	her place)	t o so t	DAT		CATION — CH		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 2. Cremation 3 Removal from State Commetter Commetter									
	· Ball of	Clark L		Harde	sty Fu	nera	l Hom	e, P.	.A.	lle, MD
CERTIFICATION	23. PART I. Enter the diseases, Description of the process of the	a. Sensitive one cause on e	consequence of	rection	V1		and of respi	atory arres	11,	Approximata interval Batween Onset and Death 2 days
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in a						24a. WAS AN PERFOR	MED?	AVA COI OF	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
IA	25. WAS CASE REFERRED TO MEDICAL			28, Pt	ACE OF DEATH (C)	heck only or	ne)			
Sic	EXAMINER?	HOSPITAL:	etlant 3 DOA	OTHER: 4 Nursing Hom						
À L	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME	OF 28c. INJ	JRY AT	-	CRIBE HOW IN	JURY OCCUP	RED	
ВУ	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU		ES 2 NO					
	3 Suicide 8 Could not be detarmined	28e PLACE OF INHIBY	— At home, lerm, si	reet, lactory, office		28t. LOC City	ATION (Street ear Town, State)	nd Number or	Rural Route	Number,
COMPLETED		SICIAN: To the beet of my knowl								d mannar as stated.
TO BE C	29b, SIGNATURE AND TITLE OF CERTIFI	Frend -	MD		29c. LICENSE NU		5			nth, Day, Year)
	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DEA	205 Ri	dgely	Ave. Ar	nnap	olis,	MD 2	140	1
	31. DATE FILED (Month, Day, Year) NOV 1 4 199	12. REGISTRAR'S SIGNA	Jordan.							

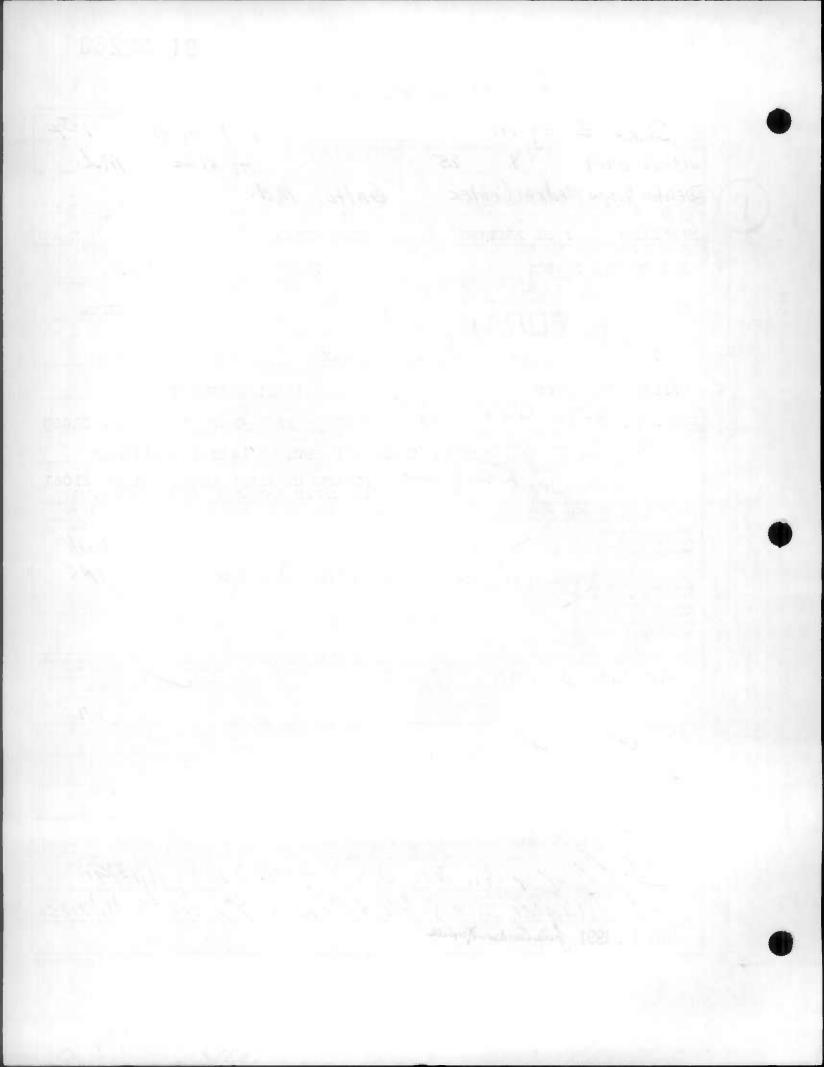
NOV 1-1 1991 Properties and analysis 1661 F. I. Von

DIVISION OF VITAL RECORDS, P.O. BOX 13146, P.BALTIMORE, MARYLAND 21203-3146	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mous after death. Page 6 may be retained by the hospital or attending physician.	iclan.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transife be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	al-transif
IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH CERTIFICATE OF DEA								
	1. DECEDENT'S NAME (First, Middle, Last) CLARA E Hysm	2. DATE OF DEATH MOHTH DAY YES	1-A-N						
	2/3-20-5419 1 M 2 X F 65 YRS. MONTHS DAYS HOURS	MH. (Month, Dey, Year) 26	IRTHPLACE (State or Foreign ountry)						
TOF	9a. FACILITY NAME (It not institution, give street and number) DEATON HOSP & MEDICAL CENTER BESIDENCE OF DECEDENT 19b. CITY, TOWN OR LOCAT SALTO.	M d	DF DEATH -						
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION	URNIE	10d. INSIDE CITY LIMITS? 1 YES 2 NO						
FUNERAL	100. STREET AND NUMBER 101. ZIP COLL 1562 CURTIS AVENUE 2.		S.A.						
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO		RACE — American Indian, Black, Whita, stc. Specify: WHI TE						
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elamentary/Secondary (0-12) 12 O 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of work life. Do NOT use retired.) SALES CLERK	166. KINO OF BUSINESS/INDUST							
COM		THER'S NAME (First, Middle, Malden Surname)							
BE	WILLIAM W. DIXON 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Numb	LILLIAN LUEDTKE per or Rural Route Number, City or Town, State, Zip Cod	0)						
5		T LANE-GLEN BURNIE							
	20a. METHOD OF DISPOSITIO 1 Durisl 2X Crematico Single Seminary of the place) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) METRO CREMATORY, INC. 11/16 CATONSVILLE, MD.								
	21. SIGNATURE OF PUNCTUL SERVICE LICENSEE 22. NAME AND ADDR RAYMOND		OME 21061						
	PART I. Enter the diseases, of complications that caused the death. Do not enter the mode of d ahock, or haert fellure. List only one cause on each lina. IMMEDIATE CAUSE (Finel								
	disease or condition a. Sen 515								
ATION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
ERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST C. DUE TO (OR AS A CONSEQUENCE OF):								
MEDICAL C	PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part 1. SELVIVE DISON OR 1 YES 2 NO 1 YES 2 NO 1 UNDER THE PROPRIED?								
PHYSICIAN:	EXAMINER? HOSPITAL: OTHER:	DEATH (Check only one)	N/A						
ВУ РНУ	1 Pest 2 DAO 1 Peptient 2 ER/Outpatiant 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 28. DATE OF INJURY (Month, Day, Year) 28b. TIME OF NJURY WORK? 1 YES 2 NO 28d. DEŞCRIBE HOW INJURY OCCURED								
8	3 Suicide 8 Could not be detarmined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)	281. LOCATION (Street and Number or F City or Town, State)	Rural Route Number,						
COMPLET	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and ple one) 2 MEDICAL EXAMINER: On the best of axaminstlon and/or investigation, in my opinion, death occurred.		use(a) and manner as stated.						
TO BE C	29b. SICHARDE AND TITLE REPTIFIER 29c. LI	ICENSE NUMBER 29d. DATE SI	GNED (Month, Dey, Year)						

July 32 DEGISTRAR'S SUNATURBLE

4 1991



		FOR
1	-	STATE
		REGISTRAR

9 / STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	CATE OF D	EATH		REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last) Judson P.	Hoffman				2. DATE OF		199 ^r	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 218-09-0291	5. SEX 6. AG	-		F UNDER 24 HRS.	7. DATE OF		1.0	BIRTHPLACE (State or Forei Country)
						7,190	00 1	Ma.
96. FACILITY NAME (If not institution, give st Manor Care, Rux RESIDENCE OF DECEDENT		•	Towson	OCATION OF D	EATH		Balt	of DEATH timore
10a. STATE Penna 10b. COUNTY Yo	rk	10c. CUY,	TOWN OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2		
10e. STREET AND NUMBER			10f. ZI	P CODE		1	log. CITIZEN	OF WHAT COUNTRY?
370 Greenleaf R			17	402			USZ	A
11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 📜 NO	If yes, specif	WAS DECENDENT OF HISPANIC ORIGIN If yes, specify Cuben, Maxican, Puarlo I 1 YES 2 NO Specify:			IGIN? (Specify Yes or No- 14. F	
15. DECEDENT'S EDUC (Specify only highest grade	CATION completed	16a. DECEDENT'S US	SUAL OCCUPATION rk done during most o	f a september of	16b. KII	ND OF BUSIN	ESS/INDUS1	TRY
Elementary/Secondary (0-12)	College (1-4 or 5+)	Waterma	retired.)	working	F	ishing	ı	
17. FATHER'S NAME (First, Middle, Last)			18	MOTHER'S NA				
Victor Hoffman					ertrud			
19a. INFORMANT'S NAME (Type/Print) Hazel Gutshall			poress (Street and I					de)
20s. METHOD OF DISPOSITION 1 Burial 2 Cremetion 3 Remo	oval from State Co	Ob. PLACE AND DATE OF STREET, O'COMBINE SERVICE SERVIC	DISPOSITION (Name of	of	DATE	20c. LOCAT	TION — City	or Town, State
4 Donation 5 Other (Specify)		urrirob se				Towsc	on, Mo	1.
	ledden		Ruck To	wson F		HOme	1050	York Rd.
Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):							
PART II. Other algnificant conditions	contributing to death	but not reaulting in	the underlying ca	uae given in		I. WAS AN AUT PERFORME YES 2	D?	24b. WERE AUTOPSY FIND AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
								, LO 2 [] 110
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PLACE	OF DEATH (Ch	eck only one)			
	1 - Inpatient 2 - ER/Ou	tpatiant 3 DOA 4	Mursing Home 5	Residence	8 Other (Sp	ecify)		
27. MANNER OF DEATH 1 Natural 5 Pending	(Morth, Day, Year)		Y WORK?	AT 2 NO	28d. DESCRI	BE HOW INJU	IRY OCCURE	D
2 Accident Investigation 3 Suicida 8 Could not be datarmined	tY — At home, ferm, atra				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
	CIAN: To the best of my known it: On the bests of examinating							use(s) and manner as state
96. SIGNATURE AND TITLE OF CERTIFIER				. LICENSE NUM				GNED (Month, Day, Year)
Maris Il 1	mn	11) 0046			97		10/22/9)	
Marcio M Menend 31. DATE FILED (Month, Day, Ver)	ez MD 7505 32. REGISTRAR'S SIG	Osler Driv	re Towson	. Md.				

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Property of filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

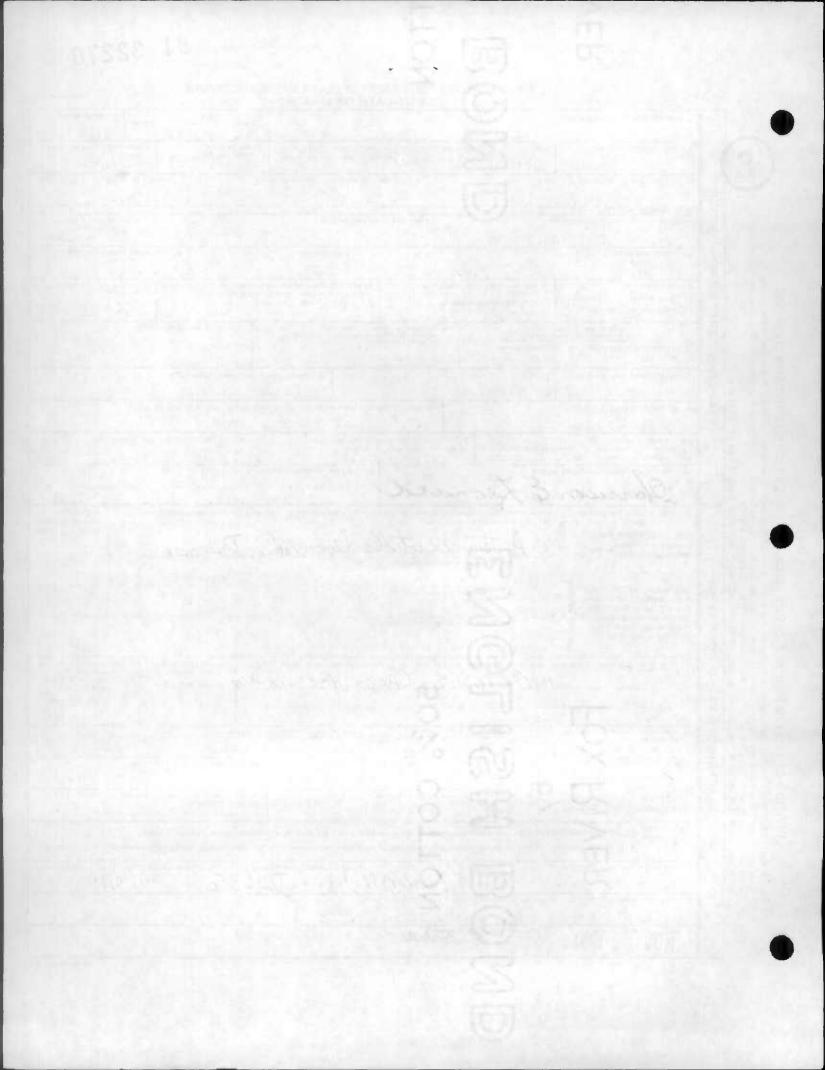
IMPORTANT: It liem 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

1	-	STATE REGISTR	AF
Γ	1. D	ECEDENT'S	N/

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE	OF DEATI	H	REG. NO).	-	
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH DAY YEAR 3.		
	JAVIES 4. SOCIAL SECURITY NUMBER	HADD		EAR IF UNDER 2		Nov. 8, 1991			10:40 A	
	215-20-4604	1 □ M 2 □ F	67 YRS.	MONTHS D.	AYS HOURS	MIN. May	oth. Day. Year)	924	Mar	yland
	9s, FACILITY NAME (If not institution, give	street and number)		9b. CITY, TO	OWN OR LOCATION	N OF DEATH		9c. COU	NTY OF DE	ATH
DIRECTOR	Quaker Neck Rd			Bozman				Talbot		
5	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNT	TY	10c. CIT	TY, TOWN OR I	LOCATION					10d. INSIDE CITY
3				ozman						LIMITS?
	Maryland Tal	DOL	D	Ozman	10f. ZIP CODE			10g. CITIZEN OF WHAT COUNTRY		
FUNERAL	Quaker Neck	DA DO	. Box 28					U.S.A.		
۳ <u>ا</u>	11. MARITAL STATUS	12. WAS DECEDENT EVER I		RMED 13. WAS DECENDENT OF HISPAN					- 14. RACE — American Indi	
B	1 Never Married 2 Married 3 Widowed 4 Divorced	2 NO DATES				can, Puarlo Rican, stc.) Black			White White	
입	15. DECEDENT'S EDI (Specify only highest grad		16s. DECEDENT'S	S USUAL OCCU	JPATION ing most of working	1	6b. KIND OF B	JSINESS/INI	DUSTRY	
ᄪ	Elamentary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT L	ise retired.)	ng moot or working					
ME I	8		Water	man			Sea:	food		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					ER'S NAME (Firs				
BE	James Frank	lin Haddaway			Hel	en Mae	Hadday	vay		
0 0	19s. INFORMANT'S NAME (Type/Print)				Street and Number of					
F	Phyllis J. Hadda	way	P.O.	Box 2	81 Boz	man. M	arylan	1 210	612	
	20s, METHOD OF OISPOSITION 1 X Burisl 2 Cremetion 3 Res	moval from State	b. PLACE AND DAT			D	ATE 20c. L	OCATION —	City or To	wn, Stats
	4 Donation 5 Other (Specify)		Neavitt,	Cemet	ETY	Nov	11, 19	91 Nea	avitt	, Maryl
	Harrison E. Leonard Funeral Home 21663 312 S. Talbot St. St. Michaels, Maryland 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Bat interval Bat									
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):									
EH	resulting in death) LAST									
MEDICAL	HYPERTENSIVE CARDIOUASCULAR ASSET 1 YES 2 THO OF DEA								WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	28. PLACE OF DE	EATH (Check only	/ one)			
YSI	1 PYES 2 ND	1 - Inpatient 2 ER/Out		4 🗆 Nursin	g Home 5 🗆 Ras 8c. INJURY AT					
TO BE COMPLETED BY PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation					NO 28d.	2ad. DESCRIBE HOW INJURY OCCURED 0			
	3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or R City or Town, State)					er or Rural F	Route Number,			
	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dus to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On this basis of sxamination and/or investigation, in my opinion, death occurred at this time, data and place, and dus to this cause(s) and manner as stated.									
	29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNE					TE SIGNED	(Month, Day, Year)			
BE						350	0 > 11/10/91			
5	William S. Bremer M.D. 800 S. Talbot St. St. Michaels, Maryland 21663									
	William S. Breme			ot St.	St. Mi	chaels	, Mary	land	21663	3
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	- Handell							
		//	-							



TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

REGISTRAR			CE	RTIF	CATE OF	DEATH		REG. NO.		
1. DECEDENT'S NAME (First, M	fiddle, Last)						2. DATE OF	F DEATH DAY	YEA	3. TIME OF DEATH
EDITH RID	GEW	AY HA	DDAWA	Y			11	2	1991	11:08 AM M
4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. las		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH	6. BI	IRTHPLACE (State or Foreign
212-18-6595 9a. FACILITY NAME (If not insti	tution ohe e	1 M 2 F	90	YRS.	MONTHS DAYS	OR LOCATION OF D	7			laryland
William Hill H	lealth		ter	1	East		EATH		Talbo	
RESIDENCE OF DECE	OB. COUNTY	,		10c. CITY	, TOWN OR LOC	ATION				10d. INSIDE CITY
Maryland	Talbo				ghman					LIMITS? 1X YES 2 NO
Main Street					1	21671			USA	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Naver Married 2 M 3 Wildowed 4 Divorce		12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 X		It yes, s	CENDENT OF HISPA pecify Cuban, Maxico S 2 NO Specific	an, Puarto Ric			RACE — American Indian, Black, White, etc. Specify: White
15. DECEI (Specify only in Elementary/Secondary (0-1)	1	CATION completed) College (1-4 or 5 +	(G life	CEOENT'S live kind of v . Do NOT us		ION lost of working	16b. K	INO OF BUSI	NESS/INOUSTF	ąγ
17, FATHER'S NAME (First, Mid	dle, Last)		110	Juscii	110	18. MOTHER'S NA	AME (First, Mic	idle, Maiden S	urname)	
Robert J. Rie	dgewa	У				Grace			,	
19a. INFORMANT'S NAME (Typ						and Number or Rural				9)
Grace H. Coo						d Drive, 1	Easton	, MD 2	1601	
20a, METHOD OF DISPOSITIO 1	N 3 🗐 Ram	oval from State	of cemetary	, crematory	or other place)		DATE		ATION — City	
21. SIGNATURE OF FUNERAL		ENSEE	ாப்பி	an U	22. NAME	Cemetery	ACILITY	TIIIgi	ıman, l	VID
				1	New	nam Fune	ral Ho	me		
JOH	4	R. M	ERCE	RON	200 8	S. Harrison	n St., I	Easton	MD 2	1601
iMMEDIATE CAUSE (Fina disease or condition resulting in death)	-	b	OR AS A CONSE	OUENCE OF		will	- 20	Die ?	de	interval Between Onset end Desth
if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in deeth) LAST	ate G	С	OR AS A CONSE							
PART II. Other eignificen	t condition	- 0		1		ng cause given in		24a. WAS AN A PERFORM 1 YES 2	AED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL					PLACE OF OEATH (C	heck only one))		
1 TES 2		HOSPITAL:	ER/Outpatient	3 🗆 00A	OTHER: Nursing He	ome 5 🗆 Raaldance	6 🗆 Other	(Specify)		
27. MANNER OF DEATH Natural 5 P		26a. OATE OF (Month, D.		28b. TIM	E OF 28c. I	NJURY AT VORK?			JURY OCCURE	ED
3 Suicide 6 C	ould not be	26e. PLACE O building,	F INJURY — At he	ome, farm,			26t. LOCAT	TION (Street ar Town, State)	nd Number or R	iural Route Number,
(Orapon Oriny 2)		ICIAN: To the best of								use(a) and manner as stated.
29b. SIGNATURE AND TITLE (200	0.5	BE OF DEATH (ITE	M 27) (Type) Î	D 2	740	9	29d. OATE SIG	GNED (Month, Day, Year)
Lawrence D. 31. DATE FILED (Month, Day, Y			Dutchm R'S SIGNATURE	an's I	ane, Ea	ston, MD	21601			

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

32272

1 - REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO.		lon
1. OECEOENT'S NAME (First, Middle, Las	t)				2. DATE OF DEATH	V VEA	3. TIME OF DEATH
KATHRYN	A. I	HARRINGTON			11 1:		8:25 A M
4. SOCIAL SECURITY NUMBER 104-14-2385	5. SEX 6.	78 YPE.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8-6-1913	6. BIF Cod	TTHPLACE (State or Foreign unity) NEW YORK
9a. FACILITY NAME (If not institution, give	e street and number)		96. CITY, TOWN O	PR LOCATION OF DI		9c. COUNTY OF	DEATH
RESIDENCE OF DECEDENT							
SALISBURY NURSING RESIDENCE OF DECEDENT 10a. STATE MD. WIC	OMICO		TY, TOWN OR LOCA SALISBURY				10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER MT. HERMON RO 11. MARITAL STATUS 1 Never Merried 2 Merried	AD		10	21801			F WHAT COUNTRY?
3 Wildowed 4 Divorced	IF YES, GIVE WAF	YES 2 NO	If yes, sp		NIC ORIGIN? (Specify Yea in, Puerto Riceri, etc.) y:	Bi	ACE — American Indian, lack, White, atc.
15. OECEDENT'S El (Specify only highest gra	DUCATION ide completed)	16a. DECEDENT's	S USUAL OCCUPATE work done during mouse retired.)	ON st of working	16b. KIND OF BUS	SINESS/INDUSTRY	1
15. OECEDENT'S El (Specify only highest gra Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last) TILOMA C. T. LIADD	College (1-4 or 5+)		EACHER		PUBLIC	SCHOOL	
	TNGTON				ME (First, Middle, Maiden RINE MAHO		
19a. INFORMANT'S NAME (Type/Print) BETTY H. SULLI				nd Number or Rural	Route Number, City or Tow	n, Stata, Zip Code)	
20a. METHOD OF DISPOSITION		20b. PLACE ANO OA	TE OF OISPOSITION		URY, MARYLA	ND 218 CATION — City of	
1 Surial 2 Committon 3 Re 4 Donation S Other (Specify)		SPRINGHI	LL MEMOR			BRON, MD	•
21. SIGNATURÉ OF FUNERAL SERVICE	1 Sau	nes		DS FUNER	AL HOME,SA	LISBURY	,MD.
disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	OR AS A CONSEQUENCE	0F):	QARI	PAILURE		
11 04 07 11 041 1 141 4 1	d.	eath but not requising	in the underlyin	a cause alvas in	Part I. 24a. WAS AN	Allwood	24b. WERE AUTOPSY FINDINGS
Acuto 1 Cot	Torral p	PAILURE	, in the underlyin	y cause given in	PERFOI	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 - YES 2- NO 27. MANNER OF DEATH	HOSPITAL:		28. P	LACE OF OEATH (C	heck only one)		
1 VES 2 NO	1 Inpatient 2 I	ER/Outpatient 3 DOA	Nursing Hor		6 Other (Specify)	III III OOOIIDE	
1 Netural 5 Pending 2 Acoldent Investigation	28a. OATE OF III (Month, Day,	, Year) 18	NJURY	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURED	
3 Sulpide	building, at	INJURY — Al home, farm tc. (Specify)	, atreat, factory, offi	24	28f. LOCATION (Street City or Town, State)	and Number or Ru)	ral Route Number,
onei ony	YSICIAN: To the beat of m						se(a) and manner as stated.
296. SIGNATURE AND THEE OF CERTIF	TIER V	MO		29c. LICENSE NU	9813	29d. DATE SIGN	NED (Month, Day, Year)
30. NAME AND A OORESS OF PERSON A A L 31. DATE FILEO (Morith, Day, Year)	ELAQUE	2 1		HWAY DRI	VE, SALISE	BURY, MI	21801
NOV 1 2 1991	Julia David	s signature Jon-Randall					

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, or removal. BALTIMORE, MARYLAND 21215-0020 IMPORTANT. It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notitled at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, Las						REG. NO.		
. DEGEDENT S NAME (PIST, MIDDIE, LAS	nt)				2. DATE OF			3. TIME OF DEATH
JAMES	М.		HOPKI	NS	MONTH	I O	1991	2:30 A.
4. SOCIAL SECURITY NUMBER 212-78-2369	5. SEX	i. AGE (In yrs. last birthd	MONTHS DA	AR IF UNDER 24 HRS. WS HOURS MIN.	7. DATE OF (Month, D	BIRTH ay, Year) 1-62	8. BIRTI	IPLACE (State or Foreign
9. FACILITY NAME (If not institution, given PENINSULA GENIAL PRESIDENCE OF DECEMENT		ITAL		WN OR LOCATION OF E		9c.	COUNTY OF D	EATH
10e. STATE 10b. COUP	COMICO	10c.	CITY, TOWN OR L					10d. INSIDE CITY LIMITS?
10. STREET AND NUMBER	COMICO		MAKUELA	SPRINGS 101. ZIP CODE				1 YES 2 NO
RT . 2 11. MARITAL STATUS 1 Never Married 2 X Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 I IF YES, GIVE WAF	YES 2 NO	If yes	2 1837 DECENDENT OF HISPA s, specify Cuben, Mexic YES 2 AND Specify	en, Puerto Rice	pecify Yae or No	Blaci	E — American Indian, k, White, etc. HITE
15. DECEDENT'S ET (Specify only highest gra Elementary/Secondary (0-12) 12 Years	DUCATION de completed) College (1-4 or 5+)	(Give kind life. Do ND	T'S USUAL OCCUL of work done durin I' use retired.)	PATION g most of working OFFICER		E.C.I.	S/INDUSTRY	
17. FATHER'S NAME (First, Middle, Last) FRANCIS WINDSOR	HOPKINS			18. MOTHER'S N. ALMEDA			ne)	
19e. INFORMANT'S NAME (Type/Print)				reet and Number or Rural	Route Number,	City or Town, State	e, Zip Code)	
LISA R. HOPKINS 20a METHOD OF DISPOSITION 1XXBurial 2 Cremation 3 Re		RT 2	TE OF DISPOSITION	LA SPRING	S, MD	21837 20c. LOCATIO	N — Cily or To	wn, State
4 Donation 5 Other (Specify)		MARDELA	MEMORIA	L CEMETER			LA, MA	RYLAND
Aton.	Bello	u		LOWAY FUN SNOW HIL		OME SALISBU	RY, MD	21801
disease or condition	Class	30 Ha	20 1	· `		Dr reapiratory		
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b DUE TO (O	R AS A CONSEQUENCE	E OF):	juny				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO (O DUE TO (O d.	R AS A CONSEQUENCE	E OF):	lying cause given in	_ v	B. WAS AN AUTOF PERFORMED?		Onset and Deat
Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (O c. DUE TO (O d. DOS contributing to de	R AS A CONSEQUENCE	E OF): Ing In the underly OTHER:	8. PLACE OF DEATH (C/	neck only one)	B. WAS AN AUTOF PERFORMED? YES 2 NO		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	DUE TO (O C. DUE TO (O d. DOS CONTributing to de HOSPITAL: 1 Inpatient 2X X X X X X X X X X	R AS A CONSEQUENCE R AS A CONSEQUENCE Path but not resulting R/Outpatient 3 □ DO/ JURY 1991 1:	OTHER: OTHER: OTHER: 4 0 A ^M 1	8. PLACE OF DEATH (CI Home 5 Raeldence INJURY AT WORK? YES 2 NO	6 Other (Sp. 28d. DESCRI	II. WAS AN AUTOF PERFORMED? LYES 2 NO NOTIFIED TO THE PERFORMENT OF THE PERFORMENT	OCCURED FRUCK	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH 1 YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions are sufficient to medical examiner? 1 Yes 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined.	DUE TO (O C. DUE TO (O d. DOE TO (O d. DOE TO (O	R AS A CONSEQUENCE R AS A CONSEQUENCE Rath but not resulting R/Outpatient 3 □ DO/ JURY 28b. 1991 1: NJURY At home, ferr	OTHER: 4 Nursing TIME OF INJURY 4 ORM 1 To street, factory, or	8. PLACE OF DEATH (CI Home 5 Raeldence INJURY AT WORK? YES 2 NO	6 Other (Sp. 28d. DESCRI	n. WAS AN AUTOF PERFORMED? ZYES 2 NO NO (Street and Numeror), State)	OCCURED FRUCK mber or Aural F	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 1 1 YES 2 NO IMPACT ROUTE Number, ALL RICHARD
Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions are sufficiently yes 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Nacident 3 Suicide 8 Could not by detarmined 29a. CERTIFIER (Check only 1 CERTIFYING PHY)	DUE TO (O C. DUE TO (O d. DIE TO (O	R AS A CONSEQUENCE R AS A CONSEQUENCE R AS A CONSEQUENCE R AS A CONSEQUENCE R/Outpatient 3 □ DOA JURY 28b. 1 1 9 9 □ 1 NJURY — At home, ferr C Specify) O N RO r knowladge, death occ	20 OTHER: 4 □ Nursing TIME OF INJURY 4 O AM 1 m, street, factory, o	8. PLACE OF DEATH (CI Home 5 Rasidence INJURY AT WORK? YES 2 NO office	beck only one) 6 Other (Sp. 28d. DESCRI DRIVE 28f. LOCATIC City or 7c RT. 34	B. WAS AN AUTOF PERFORMED? AYES 2 NO NO (Street and Nu. Warn, State) 6 EAS	OCCURED FRUCK mber or flurel F FOF stated.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO IMPACT Poute Number, RICHARD WHITE
Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only 1 CERTIFYING PHY)	DUE TO (O C. DUE TO (O d. DISCONTIBUTING TO de DUE TO (O DUE	R AS A CONSEQUENCE R AS A	22 OTHER: 4 OTHER: 4 OAM 1 Time of INJURY 4 OAM 1 To street, factory, of AD 1 Urred at the time, atton, in my opinion	8. PLACE OF DEATH (CI Home 5 Rasidence INJURY AT WORK? YES 2 NO office	A control one) 6 □ Other (Sp. 28d. DESCRI DRIVE 26f. LOCATIC RT - 3 4 to the ceuse(e time, date end	a. WAS AN AUTOF PERFORMED? EXPES 2 NO Decity) BE HOW INJURY R I N (Street and Nu. win, State) 6 EAS (1) a) and menner as (1) placa, end due	OCCURED FRUCK mber or flurel F FOF a stated.	AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO IMPACT Route Number, WHITE R

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TO THE HOSPIAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermin pages 1 or
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMEN CERTIFICAT	T OF HEALTH AND E OF DEATH	MENTAL HYGIENE REG. NO.	213	2274
1. DECEDENT'S NAME (First, Middle, Last	MARIA	HANYSCH		2. DATE OF DEATH DAY 11 - 05		3. TIME OF DEATH 10:15
4. SOCIAL SECURITY NUMBER 220-34-9847	1 🗆 M 2 📈 F	86 YRS. MONTHS		7. DATE OF BIRTH (Month, Day, Year) 11-25-0	Country	PLACE (State or Foreign) RAIN
98. FACILITY NAME (If not institution, give Rt 1, Box 268 RESIDENCE OF DECEDENT		96. CIT	Y, TOWN OR LOCATION OF I	DEATN	9c. COUNTY OF DE	
10a. STATE 10b. COUN	OMICO	10c. CITY, TOWN	OR LOCATION			10d. INSIDE CITY LIMITS?
100. STREET AND NUMBER RT Box 268E		LOUIN	10f. ZIP CODE		10g. CITIZEN OF W	
11. MARITAL STATUS 1 Naver Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 _ YES IF YES, GIVE WAR OR D	2 ZNO	21822 WAS DECENDENT OF HISP/ If yes, specify Cuban, Maxic 1 YES 2 ANO Specify	an, Puarto Rican, atc.)	Or No 14. RACE Black, Specific	— American Indien, White, etc.
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5+)	18a. DECEDENT'S USUAL (Give kind of work done life. Do NOT use retired.)	OCCUPATION during most of working	16b. KIND OF BUSI	NESS/INDUSTRY	WILLE
(unk) 17. FATNER'S NAME (First, Middle, Last)		FARMER	18, MOTNER'S N	FARMIN AME (First, Middle, Maiden Se		
(unk) 198. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRES	S (Street and Number or Rura	(unk) Route Number, City or Town,	State, Zip Code)	
MICHAEL HANYSCH	206	Rt. 1, B		n, MD 2182	2 ATION — City or Tow	en State
Maria 2 Cremetton 3 Rei	- //- V	netery, cremetory or other place VICOMICO MEM 22	ORIAL PARK NAME AND ADDRESS OF F	11-7 SALI CUNERAL HOME ILL RD SAL		
disease or condition resulting in death) Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	bDUE TO (OR AS A	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF):	ardiovascu	ılar Disea	se	years
PART II. Other significant condition				Pert I. 24e. WAS AN AI PERFORM	NO	WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAU DF DEATH? 1 YES 2 NO
5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 XX YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outp		28. PLACE OF DEATN (C) R: sing Home 5 X Residence			
7. MANNER OF DEATN Natural 5	28s. DATE OF INJURY (Month, Day, Year) 28s. PLACE OF INJURY building, stc. (Spec	28b. TIME OF INJURY M — At home, larm, street, fac	28c. INJURY AT WORK? 1 YES 2 NO tory, office	28f. LOCATION (Street and City or Town, State)		ute Number,
	ICIAN: To the best of my knowl					
9b. SIGNATURE AND TITLE OF CERTIFIE						end manner ea state
0. NAME AND ADDRESS OF PERSON WI	Julishur	Deputy M	.E. DO359			Month, Day, Year)

Production of the second secon

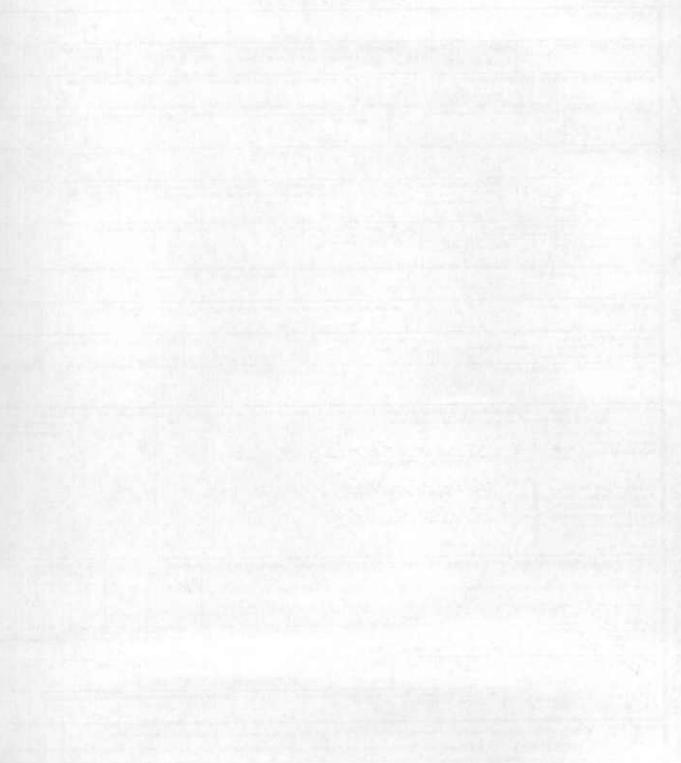
BALTIMORE, MARYLAND 21215-0	th. Page 6 may be retained by the hospital or atter	neral director, page 5 should be detached for use a	
BAI	24 hours after dea	filled in by the fullon, or removal.	
. RECORDS, P.O. BOX 68760,	w requires that the death certificate be executed within 24 Trours after death. Page 6 may be retained by the hospital or attending	been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the ot, of Health and Merital Hygiene prior to burial, cremation, or removal.	

ь	FOR STATE REGISTRAR	STATE OF MARYLA		RTMENT OF I		MENTAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last	LESLIE HOB	DC			2. DATE OF DEATH MONTH DA		AR	ME OF DEATH
	4. SOCIAL SECURITY NUMBER 401-42-8485 9e. FACILITY NAME (If not institution, give	5. SEX 6. AGE (In	yrs. last birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year) 2-4-1911	6.	BIRTHPLAC Country)	ERSEY
стов	SALTSBURY NURSIN				JRY, MD.		WICON		
DIREC	10a. STATE 10b. COUN			TY, TOWN OR LOCA ALISBUE					INSIDE CITY LIMITS? YES 2 NO
FUNERAL	RT.#8,BOX 58,	LAVALE COUR'	Г	10	21801		10g. CITIZEN	OF WHAT	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OF DAT	2 NO	If yes, a		NIC ORIGIN? (Specify Yearin, Puerlo Rican, etc.)	7	RACE — A Black, Whi Specify:	merican Indian,
PLETED	15. DECEDENT'S ED (Specify only highest grat Elementary/Secondary (0-12)	UCATION fe completed) College (1-4 or 5 +)	(Give kind of life. Do NOT u		ost of working	16b. KIND OF BUS			
E COMPL	17. FATHER'S NAME (First, Middle, Lest) W. M. HOBBS		CHOIR	DIR.		ME (First, Middle, Maiden	USIC Sumame)		
TO BI	19a. INFORMANT'S NAME (Type/Print) HUGH ROBINSON				and Number or Rural	Route Number, City or Tow.			ID. 2180
	20a. METHOD OF DISPOSITION 1	movat from State of ce	PLACE AND DAT	re of disposition by or other place) SHORE	CREMATO	DATE 20c. LO	CATION — CHY	or Town, S	itate
	21. SIGNATURE OF FUNERAL SERVICE I	2 Bruno	1		DS FUNE	CRAL HOME	,SALI	SBUR	Y,MD.
	23. PART I. Enter the disesses, Dishock, or heart failure IMMEDIATE CAUSE (Final disesse or condition resulting in desth)	aDUE TO (OR AS A	ch lina.	of themin	ode of dying, suc	h ss cardiac or respi	ratory arrest	t,	Approximata Interval Between Onset and Deat
ERTIFICATION	Sequantially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants reaulting in death) LAST	DUE TO (OR AS A DUE TO (OR AS A d.	CONSEQUENCE	Diser	2				
MEDICAL C	PART II. Other significant condition	ona contributing to death but	ot not resulting	In the underlyle	rig cause given in	PERFOR	RMED?	AVAI CON OF I	E AUTOPSY FINDINGS LABLE PRIOR TO IPLETIDN OF CAUSE DEATH? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO.	HOSPITAL:	itlent 3 DOA	OTHER:	PLACE OF DEATH (C)	s Other (Specify)			
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TI	ME OF 26c. IN	JURY AT PORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCU	RED	
TED	3 Suicide 6 Could not b	e 28e. PLACE OF INJURY building, atc. (Speci	At home, farm	, street, factory, off	Ice	261. LOCATION (Street City or Town, State,		Rural Route	Number,
COMPLE	Ones!	SICIAN: To the best of my knowle							I manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIF	IER M	0		29c. LICENSE NU	MBER 190	29d. DATE S	IGNED (Moi	nth, Day, Year)
TO	30. NAME AND ADDRESS OF PERSON V				IVE, SALI	SBURY, MD.	2180	1	

NOVO 2 1991 - She Line - Sheller

R ATE GISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	32276
DENT'S NAME (First, Middle, Last)		2. DATE OF DEATH	3. TIME OF

					2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATH
BABY	GIRL	HASAN			OCTOBER			6:10 a.m.
I. SOCIAL SECURITY NUMBER		yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	,		IPLACE (State or Foreign
	1 M 2 F	YRS.	MONTHS (DAYS	HOURS MIN.	10 7	1991	-	LTIMORE
De. FACILITY NAME (If not institution, give str	reet and number)		9b. CITY, TOWN	OR LOCATION OF D	EATH		NTY OF D	
THE JOHNS HOPKINS	HOSPITAL		BALTIMO	ORE CITY		BALT	TMOR	E CITY
On. STATE 10b. COUNTY		10c, CITY	TOWN OR LOCA	TION				10d. INSIDE CITY
MD BA	LTIMORE	DATT	TMODE	MASSYT ASYR				LIMITS?
0e. STREET AND NUMBER		I DAL I	IPIORE.	MARYLAND		10a, CIT	IZEN OF V	1 X YES 2 NO
4942 ABERDEEN	AVENUE			21206				
1. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DE	CENDENT OF HISPAI	NIC ORIGIN? (Specify	Yas or No-	USZ 14. RACE	A American Indian.
Wildowed 4 Divorced	FORCES? 1 YES	LES XNO	If yes, sp	S 24 NO Specific	in, Puarto Rican, atc.)		Black Speci	c, Whifa, atc.
							Opto	MUTIC
15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	18a. DECEDENT'S L	ork done during me	ON ost of working	16b. KIND OF I	SUSINESS/INC	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use	retired.)					
7. FATHER'S NAME (First, Middle, Last)								
	MOLTAT			18. MOTHER'S NA	ME (First, Middle, Maid	en Sumame)		
9a. INFORMANT'S NAME (Type/Print)	NOWN	Pine marine			ENE HASAN			
DARLENE HASAN					Route Number, City or 1			
DANLENE HASAN				EEN AVENI		EEN. M		
☐ Burial 2 ☐ Cramation 3 ☐ Ramo ☐ Donation 5 ☐ Other (Specify)	val from State come:	tery, crematory or oth	er place)			LOCATION —		
I. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	JOHNS HO		OSPITAL ND ADDRESS OF FA	10/7/91	BALTI	MORE	MARYLAN
JOHNS HOPKI	INS HOSPITAL							
	THE HOST TIME							
MMEDIATE CAUSE (Final	omplications that caused list only one cause on each	tha death. Do no		N. WOLFE		piratory arr	rest,	
MMEDIATE CAUSE (Final lisease or condition eaulting in death)	DUE TO (OR AS A C	CONSEQUENCE OF	t entar the mo			pplratory arr	est,	Intarvai Betw
MMEDIATE CAUSE (Final lisease or condition eaulting in death)	DUE TO (OR AS A C	CONSEQUENCE OF	it entar the mo			piratory arr	est,	Intarvai Betw
MMEDIATE CAUSE (Final lisease or condition eaulting in death) sequentially list conditions, isny, lesding to immediate ause. Enter UNDERLYING AUSE (Disease or Injury hat initiated events	DUE TO (OR AS A C	CONSEQUENCE OF	et entar the mo	oda of dylng, auc	h aa cardlac or raa Part I. 24s. WAS	IN AUTOPSY DRMED?		Interval Betw Onsat and Do
MMEDIATE CAUSE (Final lisease or condition eaulting in death) sequentially list conditions, sny, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury hat initiated events esulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF	the underlyin	oda of dylng, auc	Part I. 24a. WAS. PERF. 1 YES	IN AUTOPSY DRMED?		WERE AUTOPSY FINDII AMAILABLE PRIOR TO COMPLETION OF CAUS
MMEDIATE CAUSE (Final lisease or condition eaulting in death) sequentially list conditions, smy, lesding to immediate ause. Enter UNDERLYING AUSE (Disease or Injury hat initiated events esuiting in death) LAST ART II. Other significant conditions is WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A CONTRIBUTION OF AS A CONTRIBUTION O	CONSEQUENCE OF	the undariyin	g causa given in	Part I. 24a. WAS / PERF	IN AUTOPSY DRMED?		WERE AUTOPSY FINDII AMAILABLE PRIOR TO COMPLETION OF CAUS
MMEDIATE CAUSE (Final lisease or condition eaulting in death) sequentially list conditions, smy, lesding to immediate ause. Enter UNDERLYING AUSE (Disease or Injury hat initiated events esuiting in death) LAST ART II. Other significant conditions is WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A CONTRIBUTION OF AS A CONTRIBUTION O	CONSEQUENCE OF) CONSEQUENCE OF) It not resulting in	the undarlyin 28. PL OTHER:	g causa given in	Part I. 24a. WAS / PERF. 1 YES ack only one)	AN AUTOPSY DRMED? 2 □ NO	24b.	WERE AUTOPSY FINDII AMAILABLE PRIOR TO COMPLETION OF CAUS
MMEDIATE CAUSE (Final lisease or condition eaulting in death) sequentially list conditions, say, lesding to immediate ause. Enter UNDERLYING AUSE (Disease or Injury hat initiated events esuiting in death) LAST ART II. Other significant conditions was case reference to medical examiner? 1 Yes 2 No MANNIPR OF DEATH 1 Natural 5 Pending	DUE TO (OR AS A CONTRIBUTION OF AS A CONTRIBUTION O	CONSEQUENCE OF	the undariyin 28. Pt THER: Washing Homory RY WG	g causa given in LACE OF DEATH (Ch	Part I. 24a. WAS / PERF	AN AUTOPSY DRMED? 2 □ NO	24b.	WERE AUTOPSY FINDII AMAILABLE PRIOR TO COMPLETION OF CAUS
MMEDIATE CAUSE (Final lisease or condition eaulting in death) sequentially list conditions, sny, lesding to immediate ause. Enter UNDERLYING AUSE (Disease or Injury nat Initiated events esuiting in death) LAST ART II. Other significant conditions WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO MANNER OF DEATH 1 Natural 5 Pending investigation	DUE TO (OR AS A CONTRIBUTION OF TO (OR AS A CONTRIBUTION O	CONSEQUENCE OF CONSEQ	the undariyin 28. Pi THER: Warsing Hom Nursing Hom N	g causa given in LACE OF DEATH (Cha	Part I. 24a. WAS A PERFIT IN YES ack only one) 8 Other (Specify) 28d. DESCRIBE HOW	IN AUTOPSY DRMED? 2 NO	24b.	WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUS DF DEATH?
MMEDIATE CAUSE (Final lisease or condition eaulting in death) sequentially list conditions, say, lesding to immediate ause. Enter UNDERLYING AUSE (Disease or Injury hat initiated events esuiting in death) LAST ART II. Other significant conditions S. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO Natural Pending investigation	DUE TO (OR AS A CONTRIBUTION OF TO (OR AS A CONTRIBUTION O	CONSEQUENCE OF CONSEQ	the undariyin 28. Pi THER: Warsing Hom Nursing Hom N	g causa given in LACE OF DEATH (Cha	Part I. 24a. WAS / PERF. 1 YES ack only one)	AN AUTOPSY DRMED? 2 □ NO 7 INJURY OCC	24b.	WERE AUTOPSY FINDI AWAILABLE PRIOR TO COMPLETION OF CAUS DF DEATH?
MMEDIATE CAUSE (Final lisease or condition eaulting in daath) sequentially list conditiona, sny, leading to immadiate ause. Enter UNDERLYING AUSE (Disease or Injury hat initiated events esuiting in death) LAST ART II. Other significant conditional EXAMINER? 1 YES 2 NO MANNER OF DEATH 1 Natural 5 Pending investigation 3 Suicida 6 Could not be datermined	DUE TO (OR AS A CONTRIBUTION OF TO (OR AS A CONTRIBUTION O	CONSEQUENCE OF CONSEQ	the undarlyin 28. Pl THER: Nursing Hom OF 28c. INJ WC M 1 VC	g causa given in LACE OF DEATH (Cho s 5 Residence URY AT YES 2 NO	Part I. 24a. WAS PERFORM 1 YES ack only one) B Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State	IN AUTOPSY ORMED? 2 NO INJURY OCC	24b.	WERE AUTOPSY FINDI AWAILABLE PRIOR TO COMPLETION OF CAUS DF DEATH?
MMEDIATE CAUSE (Final lisease or condition eaulting in daath) sequentially list conditiona, sny, leading to immadiate ause. Enter UNDERLYING AUSE (Disease or Injury hat initiated events eaulting in death) LAST ART II. Other significant conditional EXAMINER? 1 YES 2 NO MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicida 6 Could not be datermined a. CERTIFIER (Check only)	DUE TO (OR AS A CONTRIBUTION OF TO (OR AS A CONTRIBUTION O	CONSEQUENCE OF CONSEQ	the undarlyin 28. PI THER: Nursing Hom OF 28c. INJ WO asi, factory, office at the fime, data	g causa given in LACE OF DEATH (CN 10 5 □ Residence URY AT PES 2 □ NO a and place, and due	Part I. 24s. WAS PERFORM YES sck only one) 8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, Stein to the cause(s) and m	IN AUTOPSY ORMED? 2 □ NO I INJURY OCC It and Number b)	24b. SURED or Rural Ri	WERE AUTOPSY FINDII AMAILABLE PRIOR TO COMPLETION OF CAUS DF DEATH? 1 YES 2 NO
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FOR

	1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEPAR CERTIFI	TMENT OF I		MENTA	REG. NO		02	217
	1. DECEDENT'S NAME (First, Middle,	(NMN)	HAV	ELIN		2. DAT		MY 19	YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 215-01-4665	1 M 2 K F	GE (In yrs. lest birthday) 83 Yrs.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	06-	OF BIRTH	_	B. BIRTHPL Country)	ACE (State or Foreign
CTOR	90. FACILITY NAME (If not institution, DORCHESTER RESIDENCE OF DECEDER	GENERAL HOS	SPITAL		RIDGE	DEATH		9c. COUNT	CHES	
DIREC		Dorchester	10c. CITY	town on Loca	ridge					Od. INSIDE CITY LIMITS? YES 2 NO
ERAL	100. STREET AND NUMBER 5520 Cassons	Neck Road			7. ZIP CODE 21613					AT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 X Widowed 4 Divorced	12. WAS DECEDENT EVE	ES 2 NO	If yee, sp	CENDENT OF HISPA Decify Cuben, Mexic S 2 X NO Spec	en, Puerto	N7 (Specify Yes		4. RACE -	American Indian, White, etc.
PLETED	15. DECEDENT'S (Specify only highest Elementery/Secondery (0-12)	S EDUCATION grade completed) College (1-4 or 5+)	life. Do NOT use	ork done during mo retired.)	ost of working	16	b. KIND OF BU		STRY	WIII 00
COM	12th 17. FATHER'S NAME (First, Middle, La Matthew Rinr		Но	memake	16. MOTHER'S N		Middle, Maiden			
TO BE	Matthew Riff 196. INFORMANT'S NAME (Type/Print Shirley Anne)	196. MAILING /	ADDRESS (Street of ROSS N	Mri and Number or Rural Veck Rd	Route Nun	na Lou nber, City or Tow Cambri	n. State, Zip C	Code)	21613
	20a. METHOD OF DISPOSITION 1 Burtel 2 Cremetion 3 G 4 Ooneflon 5 Other (Specify,		20b. PLACE AND DATE OF COMMERCE OF COMMERC	F DISPOSITION (Na	ame of	DAT	TE 20c 10	CATION — CI	ty or Town	
	21. SHOMATHAN OF FUNERAL SERVI	CRILICENSEE Sho	neuell	Curra	ND ADDRESS OF FA In Fune Ligh St	ral	Home			
ERTIFICATION	23. PART i. Enter the diaesase ehock, or heert fal IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	a. CAR BEN MENT DUE TO (OR A	each line.	CATION						Approximate Interval Betw Onaet and D
N: MEDICAL C	PART II. Other significant cond			the underlying	g cause given in	Part I.	24e. WAS AN PERFOR	RMED?	CC	ERE AUTOPSY FINDIN AILABLE PRIOR TO MPLETION OF CAUSI DEATH? YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 X YES 2 NO	HOSPITAL:		OTHER:	ACE OF DEATH (CI					
У РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigs	26e. DATE OF INJUR (Month, Day, Yea	Y 265 TIME	OF 26c. INJ		26d. DE	SCRIBE HOW I	INHAI		EXHAUST
ETED B	2 Accident investigat 3 X Suicide 6 Could not 4 Homicide determin	28e. PLACE OF INJU	PRY — At home, ferm, atterpectity) IDENTIAL	reat fectory offic		261. LOC 5 5 2	CATION (Street &	SONS		Number, FUME K ROAD
OMPL		PHYSICIAN: To the beet of my kn				to the ce		ner as atated		AND
TO BE C	296. SIGNATURE AND TITLE OF CER	Vight MD.			O . C . N			29d. DATE S	GIGNED (M	1 9 9 1
	DOWND G. WRI	4.		Print) STREET			E, MA	RYLAI	ND 2	
	31. DATE FILED (MONTH, Day, Year) 9	1 32. REGISTRAR'S SI	GNATURE Widson-Rando	02						

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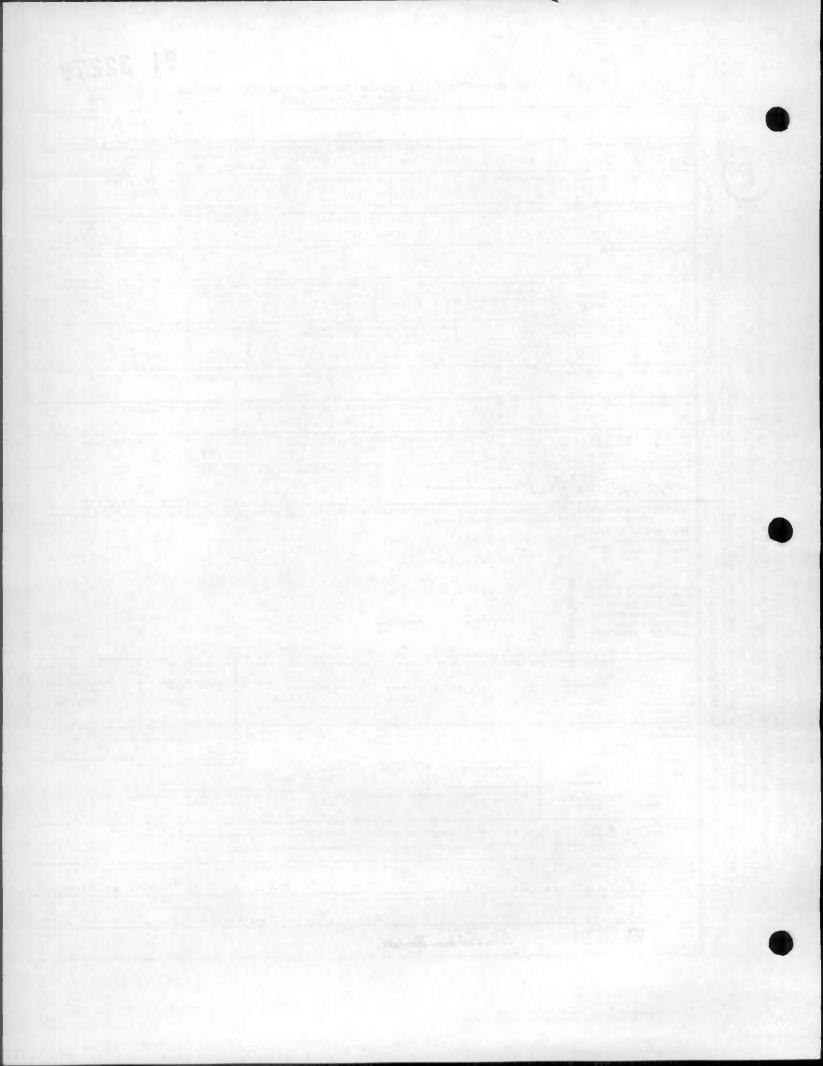
FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, Lest) CARROLL M. HOPKINS SR. 4. SOCIAL SECURITY NUMBER 215~28~3184 S. SEX 6. AGE (In yrs. lest birthdey) F UNDER 1 YEAR IF UNDER 24 WONTHS DAYS HOURS IN SECURITY NUMBER F ON THE SECURITY N	1	REG. NO.		
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24	2. DATE OF	DEATH DAY	YEAR	3. TIME OF DEATH
04 5 00 0401	11		91	12:35 P M
1110.	#RS. 7. DATE OF (Month, 1)	Dav: Year)	s. BIRTH Counti Ma	PLACE (State or Foreign ry) ryland
90. FACILITY NAME (If not institution, give street and number) 90. Cherry Hill Rd. 9b. City, Town or Location Street	OF DEATH		ford	
RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Street				10d, INSIDE CITY LIMITS? 1 YES 2 TO NO
100. STREET AND NUMBER 408 Cherry Hill Rd. 21154		10g. CIT		WHAT COUNTRY?
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. Was DECEDENT OF IT yee, specify Cuben, if yee, yee, yee, yee, yee, yee, yee, yee	Mexicen, Puerto Ric	Specify Yee or No-	14, RACI	E — Americen Indien, k, White, etc.
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4 or 5+) 16. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)		ome const	OUSTRY	
11 Carpenter 17. FATHER'S NAME (First, Middle, Last) 18. MOTHEL		Idle, Maiden Sumeme)	Luco.	TOIL
Benjamin Hopkins Ella	Woodro			
19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or			ip Code)	
Margaret Sue Hopkins 408 Cherry Hill Rd.	, Street	t, MD., 2	1154	
206. PLACE OF DISPOSITION 1 Deurie 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify) 206. PLACE OF DISPOSITION (Name of cemetery, cremeter college place) Bel Air Mem. Gardens		Bel Air	City or To	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS Harkins F. H		Delta, PA	., 17	7314
Sequentially fist conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dash) LAST	live			>3 year
PART II. Other significant conditions contributing to death but not resulting in the underlying cause give	ven in Part i. 2	4a. WAS AN AUTOPSY PERFORMED?	24t	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
		YES 2 NO		COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25 WAS CASE DESERBED TO MEDICAL	TH (Cheek sets see)			
EXAMINER?	ATH (Check only one)			
EXAMINER? 1 YES 2 NO 1 Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Reelection Representation of DOA 4 Nursing Home 5 Reelection Representation of DOA 4 Nursing Home 5 Reelection Representation R	dence 8 Other (Specify) RIBE HOW INJURY OF	CCURED	
EXAMINER? 1 YES 2 Y NO	28d, DESC NO 28f, LOCAT			Route Number,
EXAMINER? 1 YES 2 NO 1 Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Reelected Review Research 27. MANNER OF OEATH 28. DATE OF INJURY (Month, Day, Year) 28. DATE OF INJURY Sept. 28. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)	dence 8 Other (28d. DESC NO 28f. LOCAT City or	RIBE HOW INJURY OF TON (Street and Number Town, State)	er or Rural	
EXAMINER? 1 YES 2 YNO 1 Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Reel 27. MANNER OF CEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY At home, ferm, street, factory, office 29e. CERTIFIER (Check only One) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred	dence 8 Other (28d. DESC NO 28f. LOCAT City or	FIDN (Street end Number Town, State) (e) end menner ee st and place, end due to	er or Rural ated,	e) end menner ee stated. O (Month, Day, Year)
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		has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, Oppt. of Health and Mental Hygiene prior to burial, cremation, or removal.	42
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	at th	has been signed by the attending physician and completely filled in by the Oept. of Health and Mental Hygiene prior to burial, cremation, or removal.	23 shows any injury, or other traumatic event, the medical examiner must be nestited at encountry
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	e law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	Dep	23

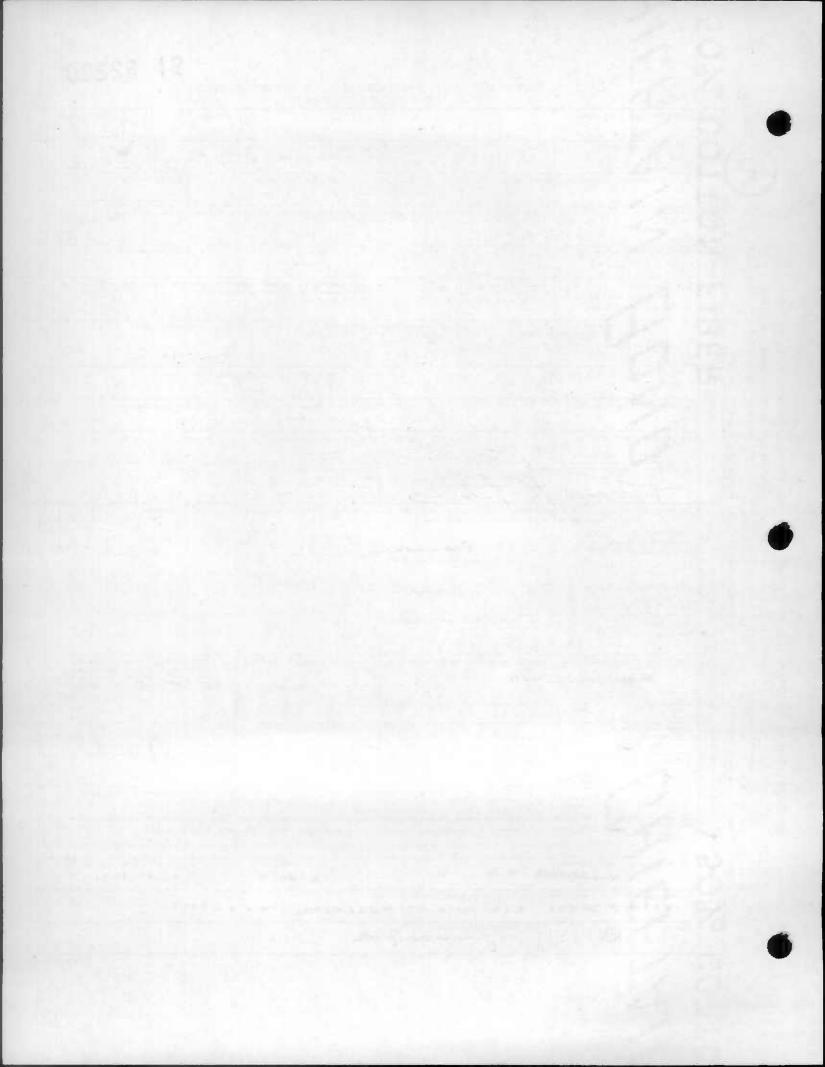
	1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTME	NT OF H	EALTH AND	MENTAL HYGIE		
	1. DECEDENT'S NAME (First, Middle, Last) Edward	Allen		NNA, S		2. DATE OF DEATH MONTH NOVEMber	DAY 12.1991	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 2/2/24/7005	5. SEX 1 1 M 2 F 62	YRS. MONTH		IF UNDER 24 HRS. HOURS MIN:	7. DATE OF BIRTN (Month, Day, Year)	5/6/29 Count	PLACE (State or Foreign y)
TOR	90. FACILITY NAME (If not institution, give str. 7029 Ridge Rd. RESIDENCE OF DECEDENT	eet end number)		reder	i CK	EATH /	9c. COUNTY OF C	
- DIRECTOR		erick	Frede		ION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	7029 Ridge Rd./	42 440 05050514 540 140		2	1702		USA	WNAT COUNTRY?
ВУ	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATES	NO 1	If yes, spe	ENDENT OF NISPA ocity Cuben, Mexico 2 NO Specia	NIC ORIGIN? (Specify Yen, Puerto Ricen, etc.) y:	Yee or No— 14. RACI Blac Spec While	E — American Indian, k, White, etc.
APLETED	15. DECEDENT'S EDUC, (Specify only highest grade of Elementery/Secondary (0-12)	College (1-4 or 5+)	ECEDENT'S USUAL Give kind of work dor to. Do NOT use retired Supervis	ne during moi d.)	N st of working		usiness/industry	
BE COMPL	17. FATNER'S NAME (First, Middle, Last) John Her	nry H	anna		18. MOTHER'S NA	AME (First, Middle, Maide		nderson
TO B	190. INFORMANT'S NAME (Type/Print) Grace M. Hanna	19	96. MAILING ADDRE	ess (Street at dge R	d .	Route Number, City or To		
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetton 3 Remove 4 Donetton 5 Other (Specify)	Green	AND DATE OF DISP	osition(Nai Örial	Park11/	DATE 20c. L 15/91 Wil	OCATION - City or To	wn, State , MD 21795
	21. SIGNATURE OF PUNERAL SERVICE LICE	NSEE	ð	SBORN	E FUNERA	HOME Williamsp		
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in dasth) Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSE	COUENCE OF):	1-	nilur	~		Approximate interval Batween Onset and Death
CERTIFI	c. CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	OUENCE OF):					
MEDICAL	PART II. Other significent conditions	contributing to death but not	resulting in the (underlying	cause given in		PRMED?	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO
PHYSICIAN:		HOSPITAL: 1 Inpetient 2 ER/Outpatient 3	OTHE	ER:	ACE OF DEATH (Ch			
ву РНУ	27. MANNER OF DEATN Natural 5 Pending investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJU WOF	RY AT	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURED	
	3 Suicide 8 Could not be detarmined	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, ferm, etraat, fa	ctory, office		281. LOCATION (Street City or Town, State	end Number or Rural R	oute Number,
COMPLET	29. CERTIFIER (Check only one) 1 DERTIFYING PNYSICI.	AN: To the best of my knowledge, de On the beste of examination end/or	sath occurred at the	time, data o	end piece, end due	to the ceuse(e) end me	nner se stated,	end menner ee stated.
Be	29b. SIGNATURE AND TITLE OF CERTIFIER	6 445			29c. LICENSE NUN	ABER	29d. DATE SIGNED	
TO	30. NAME AND ADDRESS OF PERSON WHO 31. DATE FILED WANTE, GOV, YORGO	COMPLETED CAUSE OF DEATH (ITE 32. REGISTRAR'S SIGNATURE JUNA DAVIDSON	50	, ,			50 F-	edrik



2. DATE OF DEATH

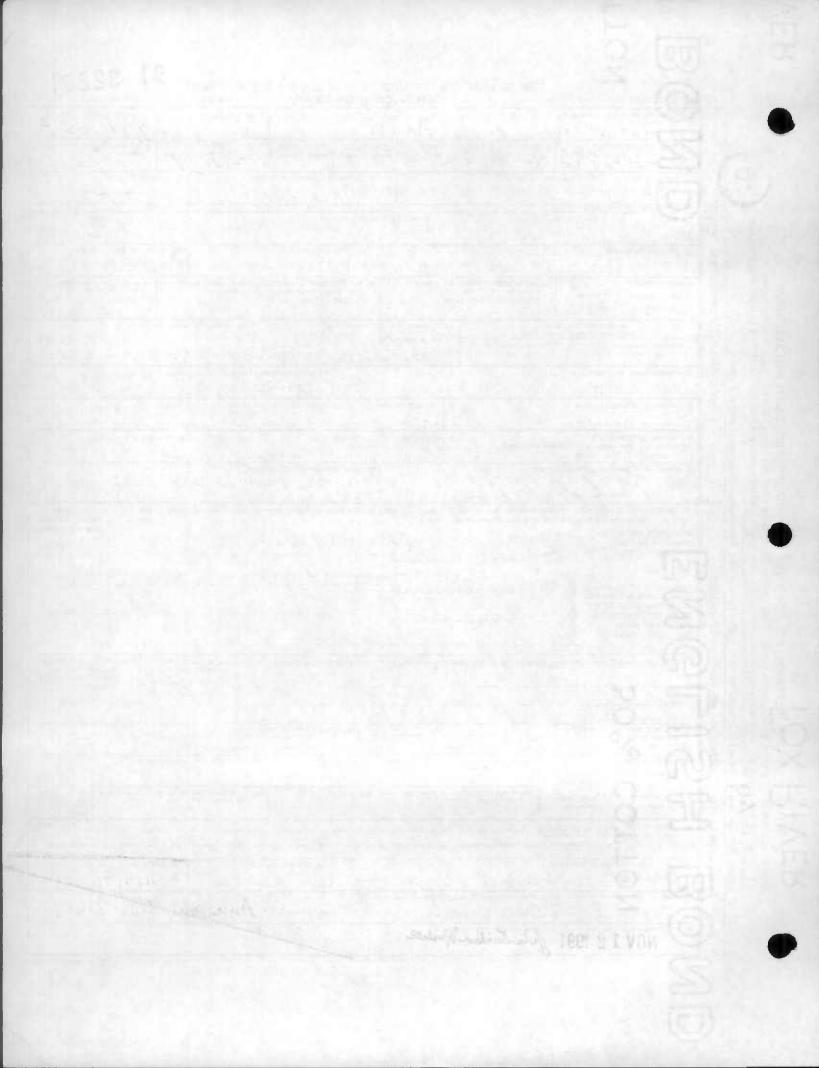
3. TIME OF DEATH

	Martha	Marie	Hoff	man					11	10	91		1:55 P
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	sl birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS. MIN.	7. DATE OF BI	RTH Year)	8. BIP	ITHPLA	CE (State or Foreign
	212-26-2230	1 M 2 F	93	YRS.	MONTHS	DATS	нооне	min.	July i	13, 1898	8 M	ary	land
1	9e. FACILITY NAME (If not institution, give	street and number)				Y, TOWN O			ATH		COUNTY OF		
	Fahrney Keed	y Home				Boon	sboı	0		W	ashi	ng	ton
	10a. STATE 10b. COUNT			10c. CIT	ry, Town	OR LOCAT	ION					10d	. INSIDE CITY
	MD Wash	ington		Sm	iths	burg						1[YES 2 NO
	10e. STREET AND NUMBER					101	ZIP CODE			10g.	CITIZEN O	F WHAT	COUNTRY?
	Rt. 3 Box 74						2178	83			USA		
	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2V		13		cify Cubar		HC ORIGIN? (Sp n, Puerto Ricen,		BI	ack, Wi	American Indian, nite, etc. White
I	15. DECEDENT'S ED (Specify only highest great	JCATION le completed)	18e. Di	ECEDENT'S	Work done	OCCUPATIO	N st of workin	a	16b. KIND	OF BUSINESS	/INDUSTRY	1	
	Elementary/Secondary (0-12)	College (1-4 or 5 +	+)	e. Do NOT u	ise ratired.)							
I	12	5+	Nu	vise						ospital			
I	17. FATHER'S NAME (First, Middle, Last)								ME (First, Middle,	Maiden Surnan	ne)		
	John W. Hoffman 190. INFORMANT'S NAME (Type/Print)		44	Db MAH IN	G ADDRES	RS (Street o		na R	OWL Route Number, Cli	by or Town State	7in Code		
1	Lewis H. Stevens	an							wrg, MD		s, 21p C008)		
1	20g, METHOD OF DISPOSITION	On	20b. PLACE						wig, mo	20c. LOCATION	N — City or	Town.	State
	1 X Burial 2 Cremetion 3 Ret	noval trom State	Greev	place)						Waynes			
1	21. ENGNATURE OF NUMERIAL SERVICE L	ICENSEI			22	. NAME AN	ID ADDRES		CILITY			,	
	At Jania	4	1.	*					Home				
1	23. PART I. Enter the diseases, or	complications the	t caused the d	eeth Do					Smithsh			/83	Approximete
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	\$DUE TO	(OR AS A CONSE										Oneet and Deat
	Sequentially liet conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO	(OR AS A CONSE	EQUENCE (OF):								
	thet initiated events reaulting in deeth) LAST	d	(OR AS A CONSE	EOUENCE (OF):						100		
	PART II. Other significent condition	na contributing to	death but not	resulting	in the t	ınderlyin	g ceuse g	jíven In	Part I. 24e.	WAS AN AUTOI PERFORMED?			RE AUTOPSY FINDINGS
	Moperterno	cvo							1	YES 2 A-M		CD DF	ALABLE PRIDR TO MPLETION OF CAUSE DEATH? YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL			_	-	28 01	ACE OF D	EATH (Ch	nok onty onal				
	EXAMINER?	HOSPITAL:	EB/Outputlant	2 DO4	OTHE	R:			eck only one)	16.1			
	27. MANNER OF DEATH	28e. DATE OF		28b. TII	ME OF	28c. INJ		eldence	8 Other (Spe 28d, DESCRIB	E HOW INJURY	OCCURED)	
	1 National 5 Pending	(Month, D	Day, Year)	IN	IJURY M		RK?	NO					
	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide datermined	28e. PLACE C	OF INJURY — At h , etc. (Specify)	nome, farm,	atreet, fe	etory, offic	•		281. LOCATION City or Tov	N (Street and Nu vn, State)	imber or Ru	ral Route	Number,
COMPLET	29e. CERTIFIER (Check only one) 1 MEDICAL EXAMIN	SICIAN: To the best of										se(a) en	d menner ee stated.
	29b, SIGNATURE AND TITLE OF CERTIFI	ER					29c. LICE	ENSE NUI	MBER	29d.			onth, Day, Year)
	V4s-(Z	MD MD					201	80 (7	•	35.	16:	51
2	30. NAME AND ADDRESS OF PERSON W		SE OF DEATH (IT			LER	STOW	^	202	1740			
	31, DATE FILED (Month Pay /bar) 7 5	1 32. REGISTRA	AR'S SIGNATURE	4. 5	Pando	00							
413	I WIN I	111	THE PERSON TO TH	ET/VOV	TUPTICAD!	- NO							



		activity.	No.
	(3 grants	2
60, BALTIMORE, MARYLAND 21215-0020	The law requires that the death certificate be executed within 24 nours after death, Page 6 may be retained by the hospital or attending physician.	te has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 3 million and Mental Hydiene prior to burial, cremation, or removal.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the further the formation or removal. In study within 72 hours, after death with the State Dent of Health and Mental Hydiene prior to burial, cremation, or removal.	The state of the s

REGISTR	AR		CERTIFIC	CATE OF	DEATH	REG. NO.		
1. DECEDENT'S	Red eri		K MARR	cris 15		2. DATE OF DEATH MONTH DAY	v - 9	3. TIME OF DEATH
4. SOCIAL SEC /72-	30-7853			IF UNDER 1 YEAR IONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Co	RTHPLACE (State or Foreign untry) nnsylvania
5 AA	ME (If not institution, give	street and number)	9	Pb. CITY, TOWN C	na poli	S	9c. COUNTY O	A A
100. STATE	10b. COUNT	ry	10c. CITY,	TOWN OR LOCAT	TION			10d. INSIDE CITY
MD		e ARundel	Seve	ern				1 YES 2 NO
1629	Severn Ru				21144		USA	
∑ 3 □ Widowed	arus ried 2 Married 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR I	2 NO	It yea, sp		IIC ORIGIN? (Specify Yas n, Puarto Rican, atc.) v:	S	ACE — American Indian, black, White, atc.
Elementery/	15. DECEOENT'S EO (Specify only highest grad Secondary (0-12)			rk done during mo retired.)	est of working	16b. KIND OF BUS		Assoc
12			Mgr.	Infor.				o Deal ers
James	AME (First, Middle, Lest) Harris				Rita C			
19a. INFORMAN	T'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street &	and Number or Rural	Route Number, City or Town	n, State, Zip Code	Severn, MI
	Harris DE DISPOSITION		1629	Sever	n Run C	ourt. Se	vern F	Run Court.
1 Buriel 2	☐ Cremation 3 ☐ Rea 5 ☐ Other (Specify)	moval from State	f cemetary, crematory or	r other place)				
	OF FUNERAL SERVICE L		<u>Lpiphany</u>		h_Cemet		enton,	MD
1 6	Patt !	A Med L		Hard	esty Fu	neral Ho		A.
	hock, or heert fallure CAUSE (Final ondition	complications that ceuse. List only one ceuse on	eech line.				ratory arrest,	Approximate interval Between Onset and Dec
	llat conditions,	ьС			couling			30 405
If eny, leeding cause. Enter	ig to immediate UNDERLYING	c,	A CONSEQUENCE OF):					
Sequentially If erry, leedir cause. Enter CAUSE (Dise that initiated resulting in		d	A CONSEQUENCE OF):					
	er eignificant condition	one contributing to deeth	but not reaulting in	the underlyin	g ceuee given in	PERFOR	MED?	24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE
PART II. Oth						1 YES 2	SNO	OF DEATH? 1 YES 2 NO
Z 25. WAS CASE	REFERRED TO MEDICAL			26 P	LACE OF DEATH (C)	neck only one)		
25. WAS CASE EXAMINER 1 YES		HOSPITAL:		OTHER:		6 Other (Specify)		
27. MANNER O	F DEATH 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 26c. IN.	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW II	NJURY OCCURE	D
2 Accide 3 Suicid 4 Homic	8 Could not be	28e, PLACE OF INJUS	RY — At home, term, att			28t. LOCATION (Street a City or Town, State)		ural Route Number,
29a. CERTIFIER (Check only one)	CEHTIFYING PHY	SICIAN: To the best of my kno NER: On the basis of examinat						use(a) and menner as stated.
296. SIGNATUR	E AND TITLE OF CERTIFICATION	belouid,	lls		29c. LICENSE NU		29d. DATE SIG	NED (Month, Day, Year)
2 30. NAME AND		PLOWICH, U		Print) Fvac	ullin St	Aunapo	lis Wu	2. 21401
31. DATE FILED	0V 1 2 1991	gulia Davidson						



1 -	FOR STATE REGISTRAF
1.	DECEDENT'S NA

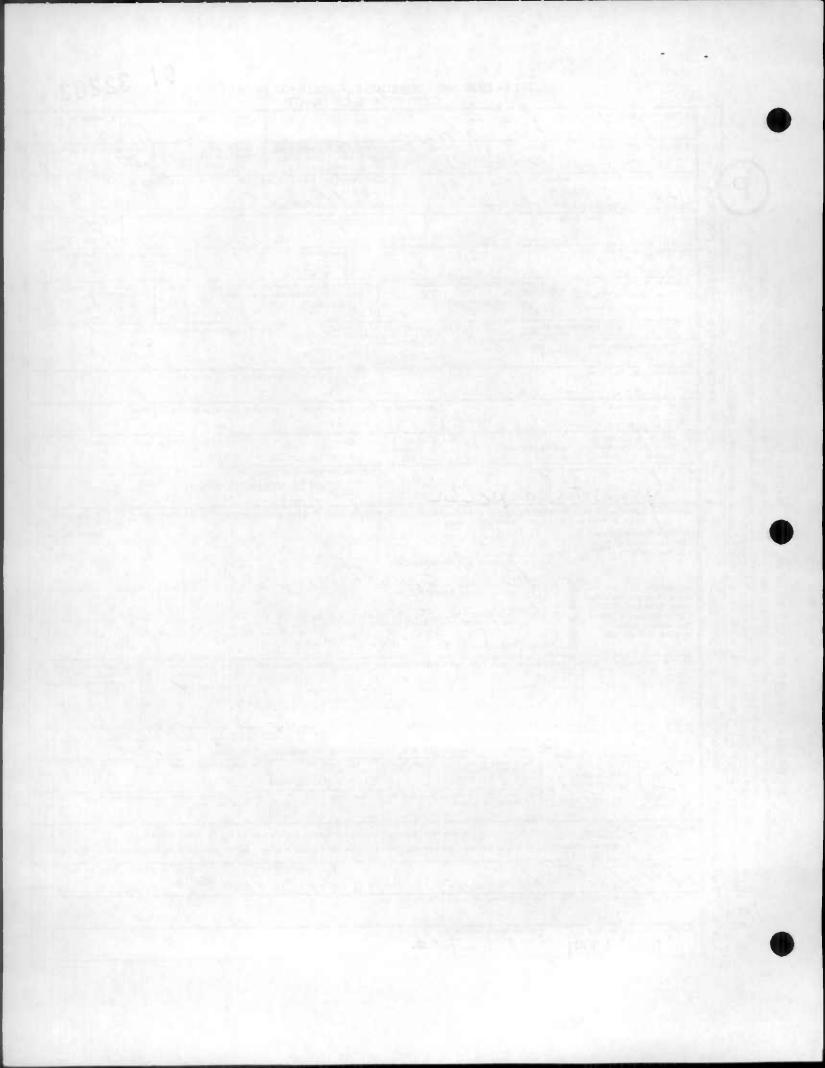
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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21	0	-	6	U	Come

	REGISTRAR	C	ERTIFICATE	OF DEATH	REG. NO.		
	1. OECEDENT'S NAME (First, Migdle, Last)	مم کالم			2. DATE OF DEATH	Y YEA	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs. I	last birthday) IF UNDER 1 Y	YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	-41	RTHPLACE (State or Foreign
	291-20-3482	1 - M 2 XF	YRS. MONTHS D	AYS HOURS MIN.	(Month, Day, Year)	Co	otto
TOR	9a. FACILITY NAME (If not institution, give structure) RESIDENCE OF DECEDENT	del Mexico	leuts 10	Annay	ales	9c. COUNTY O	retrice
DIRECTOR	10a. STATE 10b. COUNTY	e frantel	10c. CITY, TOWN OR	LOCATION			10d. INSIDE CITY LIMITS? 1 Ves 2 No
ERAL	100. STREET AND NUMBER 206 NOME	ni Drive		101. ZIP CODE	2	10g. CITIZEN C	OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 24 IF YES, GIVE WAR OR DATES	NO If y	S DECENDENT OF HISPAN os, specify Cuban, Mexica YES 2 NO Specify	n, Puerto Rican, atc.)	8	ACE — American Indien, Black, White, atc.
LETED	15. DECEDENT'S EDUC. (Specify only highest grade of Elamentary/Secondary (0-12)	completed)	DECEDENT'S USUAL OCCI (Give kind of work done duri life. Do NOT use retired.)	ing most of working	16b. KIND OF BUS	SINESS/INDUSTR	3 a.t
COMPL	17. FATHER'S NAME (First, Middle, Last)	PUME	Xecon		ME (First, Middle, Mgiden	Surname)	: +
TO BE	19a. INFORMANT'S NAME (Type/Print)	011	19b. MAILING ADDRESS (S	Street and Number or Rural	Route Number, City or Tow	n, State, Zip Code	gari
	20a, METHOO OF DISPOSITION 1 Burlal 2 Cremation 3 Remo		CE AND DATE OF DISPOS		DATE 20c. LO	CATION — City o	or Town, Stata
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	M-C	173 Cremas	ME AND ADDRESS OF FA	CILITY CILITY	atinsu	me me
	· RoluBe	ed y	Fe	verna P.	RIK, M.	02	1146
	23. PART i. Enter the diseases, or co shock, or heert failure. L IMMEDIATE CAUSE (Finel	omplicatione that caused the liet only one cause on each il	ne.			iratory arrest,	Approximate Interval Between Onset end Death
	disease or condition resulting in death)	-OUE TO (OR AS A CONS	seovence of):	3 ARRE	57		24 hrs
CATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONS	enfricu SEQUENCE OF):	Kur Hei	norsh	tge.	24/120
IFICA	ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initieted evente	DUE TO (OR AS A CONS	SEOUENCE OF):				
CERTIFI	resulting in deeth) LAST						
EDICAL (PART II. Other significent conditions	contributing to death but no	ot resulting in the unde	eriying ceuse given in	Part i, 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Ξ	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	//					1 VES 2 NO
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHER	28. PLACE OF DEATH (C/	eck only one)		
PHYSICI	1 TYES 2 NO 27. MANNER OF DEATH	1 Tripatient 2 ER/Outpatient		ng Home 5 🗆 Raeldenca			
	1 Affatural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	8c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW		Ь
ETED BY	2 Accident investigation 3 Suicide 8 Could not be determined	28a. PLACE OF INJURY — At building, atc. (Specify)	home, farm, atreet, factor	y, offica	28f. LOCATION (Street City or Town, State	and Number or Ru	ural Route Number,
COMPLE	ana)	CIAN: To the baat of my knowledge,					use(a) and menner as stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	0		29c. LICENSE NU	MBER	29d. DATE SIG	NED (Month, Day, Year)
TO B	X anny . / }	Ceem no	TEM 070 (T- 011)	0378	146	95/-	01-71
	30. NAME AND ADDRESS OF PERSON WHO	BL4m,m		Fonhes	St. A	mapo	lis, nd 1401
	NOV 1/2-1991" Juli	22. REGISTRATE SIGNATURE	3 Cem-	213			

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Se. PACILITY HANE (F Mr A INSTAULT), give sines and number) Se. COUNTY OF OR SEA CODE, give sines and number (F Mr A INSTAULT), give sines and number (F	1 1	1. DECEDENT'S NAME (First Middle	le Last)	1 -	- /			2. DATE OF DEATH		3. TIME OF DE
THE STATE OF DECIDENT STATE OF DECIDENT STATE OF	-	Kulph	H	Jo						AR 4 55
Baltimore Baltimore Balti		214-07-6314	100	Ñ 2 □ F	~ ^	MONTHS DA		7. DATE OF BIRTH (Month, Day, Year)	8. 6	BIRTHPLACE (State or I Country)
DO TO	200	UNIV. of 1.	nd 1	number)	ful	96. CITY, TON	MN OR LOCATION OF E	DEATH		
D. P. O. ROM 664 1. WAS DECEMBER OF MINISTERS 1. WAS DECEMBER 1. WAS A SAME DECEMBER OF	999	WV						218/167		10d. INSIDE CIT LIMITS? 1 YES 2 X
Social Properties Disperties Dispertie	RAL						101. ZIP CODE		10g. CITIZEN	
Second Control Contr	S I		12. WAS	S DECEDENT EV	/ER IN U.S. ARMED	13. WAS		NIC OBIGIN? (Specify Vec		DACE Amelian Ind
Second purpose press consistency (p-13) Second purpose press consistency (p-14) Second purpose pur	₩ 3	3 Wildowed 4 Divorced	tF Y	RCES? 1 [OR DATES	It yes	s, specify Cuben, Mexic	en, Puerto Ricen, etc.)		Bleck, White, etc.
No. MAILING ADDRESS (Street and Number or Rural Route Number City or Town, State, 2th Code)		(Specify only highe	ast grade completed		(Give kind life. Do NO	of work done during T use retired.)	PATIDN g most of working	16b. KIND OF BUS	SINESS/INDUST	11 P 4400 W/W
No. MAILING ADDRESS (Street and Number or Rural Route Number City or Town, State, 2th Code)	NO T		Last)		reti	red	10 1407117010 11			
196. MAILING ADDRESS (Street and Number of Rural Route Number, City or Sown, Stelle, Zp Code) Mrs. Angels Johnson 200. PLACE AND DATE OF DISPOSITION Number of Rural Route Number, City or Town, Stelle	шШ			n					Sumeme)	
Mrs. Angela C. Johnson P.O. Box 664 Wiley Ford WV 20.6MERTOD OF DISPOSITION Semonal from State 20.00 PLACE ADDITED DISPOSITION Name of 20.00 PLAC	11 19				19b. MAILI	ING AODRESS (Stre	set end Number or Rural	Route Number, City or Town	n, State, Zip Code	le)
TORGINED Coramation			C. John	nson						
22. NAME AND ADDRESS OF FACILITY SCATPOLII Funeral Home Cumberland, MD 21502 23. PART I. Enter the diseases, or complications that caused the death, Do not enter the mode of dying, such as cardiac or respiratory arrest, inches, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition) April MAMEDIATE CAUSE (Final disease or condition) BUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):	1	Cremation 3	Removal from	n State	camatery, crematory of	or other placa)		1		
23. PART I. Enter the diseases, or complications that caused the daath. Do not enter the mode of dying, such as cardiac or reapiratory arreat, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final diseases or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (O	21	1. SIGNATURE OF FUNERAL SERV				wemon!			eyser,	WV
23. PART/I. Enter the diseases, or complications that caused the death, Do not enter the mode of dying, such as cardiac or reapiratory arreat, shock, or heart failure. List bnly one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) BUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR			VICE LICENSEE							
PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY PERFORMED? 1 YES 2 NO 25. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 1 Netural 5 Pending (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. LOCATION (Street and Number or Bural Route Number of Bural Route Number or Bural Route Number on Street) 29c. CERTIFIER (Check only one) 28e. PLACE OF INJURY — At home, term, street, factory, office 28e. PLACE OF INJURY — At home, term, street, factory, office 28e. PLACE OF INJURY — At home, term, street, factory, office 28e. PLACE OF INJURY — At home, term, street, factory, office 28e. PLACE OF INJURY — At home, term, street, factory, office 28e. PLACE OF INJURY — At home, term, street, factory, office 28e. PLACE OF INJURY — At home, term, street, factory, office 28e. PLACE OF INJURY — At home, term, street, factory, office 28e. PLACE OF INJURY — At home, term, street, factory, office 28e. PLACE OF INJURY — At home, term, street, factory, office 28e. PLACE OF INJURY — At home, term, street, factory, office 28e. PLACE OF INJURY — At home, term, street, factory, office 28e. PLACE OF INJURY — At home, term, street, factory, office 28e. PLACE OF INJURY — At home, term, street, factory, office 28e. PLACE OF INJURY — At home, term, street, factory, office 28e. PLACE OF DEATH — Check only one)	d	23. PART I. Enter the disease shock, or heart for iMMEDIATE CAUSE (Final disease Dr condition	A Sca	y Dire Cauge C	used the daath. Di	SC Cur	arpelli Fi	uneral Home		Approxim Interval E Onset en
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	d	23. PART I. Enter the disease shock, or heart for immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events	A Sca	DUE TO (OR DUE TO (OR OR OWN)	used the death. Did no each line. AS A CONSEQUENCE AS A CONSEQUE	OF): (Sufficients)	arpelli Fi	uneral Home		interval E
27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, term, street, factory, office 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the besis of exemination and/or investigation, in my opinion, death occurred at the time, date end piece, end due to the cause(s) end menner or sure of the cause(s) and the ca	CERTIFICATION W	23. PART I. Enter the disease shock, or heart for immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in deeth) LAST	A Scape, or complice allure. List only	DUE TO (OR ADV TO (OR DUE TO (OR DUE TO (OR DUE TO (OR	used the death. Dien each line. AS A CONSEQUENCE	OF): (Suff) OF): (Suff) OF): (Suff)	arpelli Fi mberland, mode of dying, suc cicacy Process Factor	uneral Home MD 21502 ch as cardiac or reapin	ratbry arreat,	Interval E Onaet en
27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 28e. DATE DF INJURY — At home, term, atreet, factory, office 29e. CERTIFER (Check only one) 2 MEDICAL EXAMINER: On the besis of exemination and/or investigation, in my opinion, death occurred at the time, date end piece, end due to the cause(s) end menner or sure of the cause(s) and the	MEDICAL CERTIFICATION	23. PART I. Enter the disease shock, or heart for immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in deeth) LAST	A Scape, or complice allure. List only	DUE TO (OR ADV TO (OR DUE TO (OR DUE TO (OR DUE TO (OR	used the death. Dien each line. AS A CONSEQUENCE	OF): (Suff) OF): (Suff) OF): (Suff)	arpelli Fi mberland, mode of dying, suc cicacy Process Factor	uneral Home MD 21502 ch as cardiac or reaple Part I. 24a. WAS AN PERFORE	AUTOPSY MED?	Interval E Onset en
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4 Homicide determined determined determined City or Town, State) 29e. CERTIFURG PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(s) end menner es stated. 2 MEDICAL EXAMINER: On the bests of exemination and/or investigation, in my opinion, death occurred at the time, date end piece, end due to the cause(s) end menner.	SICIAN: MEDICAL CERTIFICATION ST. G. J.	23. PART I. Enter the disease shock, or heart for shock, or heart	d. Conditions contrib	DUE TO (OR	used the daath. Did no each line. AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE The consequence of	OF): SC. CUID not enter the OF): SUFFICIENT OF): Gin the underly 26. OTHER: 4 Nursing H	arpelli Fi mberland, mbde of dying, suc Ci en cy Place of DEATH (Ch tome 5 Residence	Part i. 24a. WAS AN / PERFORI 1 YES 2	AUTOPSY MED?	24b. WERE AUTOPSY F AMILABLE PRIOR COMPLETION DF (DF DEATH? 1 YES 2
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P 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	DI THI SICIAN: MEDICAL CERTIFICATION	23. PART I. Enter the disease shock, or heart for measurement of the condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated eventa resulting in deeth) LAST PART II. Other eignificant conditions of the	a. Cal. HOSP 11 Inpu 28e gastion not be ined PHYSICIAN: To it	DUE TO (OR	used the daath. Did no each lina. AS A CONSEQUENCE AS A CONSEQUE	OF): SCA CITO POINT OF THE PROPERTY OF THE PROPERTY OF NUMBER OF	arpelli Fi mberland, mbde of dying, suc Ci Ch Uy Disclus Factur Ving ceuse given in PLACE OF DEATH (Ch lome 5 Residence INJURY AT WORK? YES 2 NO Hice	Part I. 24a. WAS AN / PERFORM 1 YES 2 28d. DESCRIBE HOW IN 28t. LOCATION (Street ar City or Town, State)	AUTOPSY MED? JURY OCCUREI	24b. WERE AUTOPSY F AMAILABLE PRIOR COMPLETION DF DF DEATH? 1 YES 2



1 - STATE REGISTRAR		STATE OF I			RTMENT O			MEN	ITAL HYGIEN		0 6	U Lj	
1. DECEDENT'S NAME (First	, Middle, Last)								ATE OF DEATH		YEAR	3. TIME OF DEATH	
ELLEN DO				FERSON	N				10 29 91			6:47 P M	
$\begin{array}{cccccccccccccccccccccccccccccccccccc$						IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.		Ma	7. DATE OF BIRTH March 3,1919		8. BIRTHPLACE (State or Foreign Waryland		
9e. FACILITY NAME (If not in		9b. CITY, TOWN OR LOCATION OF CEATH 9c. COUNTY OF DEATH											
SHOCK TRAUMA (UNIVERSITY)						BALTIMORE CITY							
10a. STATE	10b. COUNT	Y		10c. CIT	Y, TOWN OR L	OCAT	ION					10d. INSIDE CITY	
Maryland	Talk	oot		Ro	oyal Oak								
10e. STREET AND NUMBER							ZIP CODE			1		WHAT COUNTRY?	
11. MARITAL STATUS							21662				.S.A	•	
1 Never Married 2 3 Widowed 4 Olvo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	ARMED ANO	If yes	e, sp:	ENDENT OF HISPA ecify Cuban, Maxic 2 NO Spec	ean, Pu	RIGIN? (Specify Yea into Rican, atc.)	or No—	Blac	ck, White, etc.	
(Specify only	EDENT'S EDU	CATION completed)	18e.	DECEDENT'S (Give kind of	USUAL OCCUI work done durin se retired.)	PATIO	IN st of working		16b. KIND OF BUS	SINESS/IN	DUSTRY		
Elementary/Secondary (0	1-12)	College (1-4 or 5	,	ompani					Healtl	n			
17. FATHER'S NAME (First, M	210 2007						18. MOTHER'S N	AME (F	rst, Middle, Maiden	Sumame)			
Phillip		ldeman							Robins l				
William Rob		efferson		196. MAILING 846 Th	ADDRESS (Str	reet al	nd Number or Rural Creek Rd	Route I	Number, City or Town	ille	p Code) Md	. 21666	
20a, METHOD OF DISPOSITI		oval from State	20b. PLAC		OF DISPOSITION							own, State	
4 Donetion 5 Other	(Specify)				Farm Ce	eme	etery N	lov.	1, 199	1 C	entr	eville, Md.	
21. SIGNATURE OF FUNERA	L SERVICE LIC	SENSEE V	2	0	Harı Harı	ris	on E. I	eon	ard Fun	eral	Hom	e	
Skury	son	6 de	ma	cd								Md. 21663	
23. PART I. Enter tha di ahock, or he	aeasea, or c aart fallura.	Dmplications that List only one cau	t causad the last on each li	death. Do r	not antar tha	mod	ia of dylng, au	ch as	cardiac or respi	ratory ar	reat,	Approximate Interval Between	
IMMEDIATE CAUSE (Findisease or condition reaulting in death)	el	Molt	sple.	IN;	unies	6	and Con	elic	ations 1	hen	eof	Opent and Dooth	
		DUE TO	(OR AS A CONS	SEQUENCE OF	F):			1					
Sequentially list conditi if any, leading to immed	flata	DUE TO	(OR AS A CONS	SEQUENCE OF	F):						-		
CAUSE (Disease or inju		DUE TO	(OR AS A CONS	EQUENCE OF	D.						-		
that initiated events resulting in death) LAS		DOE 10	(OR AS A CONS	SEQUENCE OF	r):								
PADT II Other election												-	
PART II. Other algnifica	nt condition	s contributing to	death but no	t resulting I	n the undar	lying	causa givan in	Part i	24a. WAS AN PERFOR		24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIDE TO	
-						-			1 TYES 2	NO NO		OF DEATH?	
								_				1 TES 2 NO	
25. WAS CASE REFERRED TO	MEDICAL				26	6. PL/	ACE OF DEATH (C)	heck on	v one)				
1 XYES 2 NO		HOSPITAL:	ER/Outpatlant	3 DOA	OTHER:		5 Reeldence						
27. MANNER OF DEATH		28e. DATE OF	INJURY	28b. TIMI	E OF 28c.	. INJU	IRY AT	_	DESCRIBE HOW IN	JURY OC	CURED		
2 Accident	Pending nveatigation	4/15/9	91	5:20		₩OF		AU	O STRUC	KA	TREE		
Suicida 4 Homicide Could not be detarmined 28e. PLACE OF INJURY — At homa, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, Stelle) GLENWOOD AVENUE													
29e. CERTIFIER (Check only	FYING PHYSIC	CIAN: To the best of	my knowladga,	death occurre	d at the time,	date	end place, end due	e to the	ceuse(e) and men	ner se ata	rted,		
29h. Sjenature and Title		T: On the baels of ex	amination end/o	or Investigation	n, in my opinio	on, de			lata end place, and			e) end mennar ee stated.	
1)(11	~~ (orles	211				29c. LICENSE NUI	MBER		29d. DAT	E SIGNED	(Month, Oay, Yeer)	

111 PENN STREET, BALTIMORE, MARYLAND 21201

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 flours after death. Page 5 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY FUNERAL DIRECTOR

31. DATE FILED (Month, Oay, M

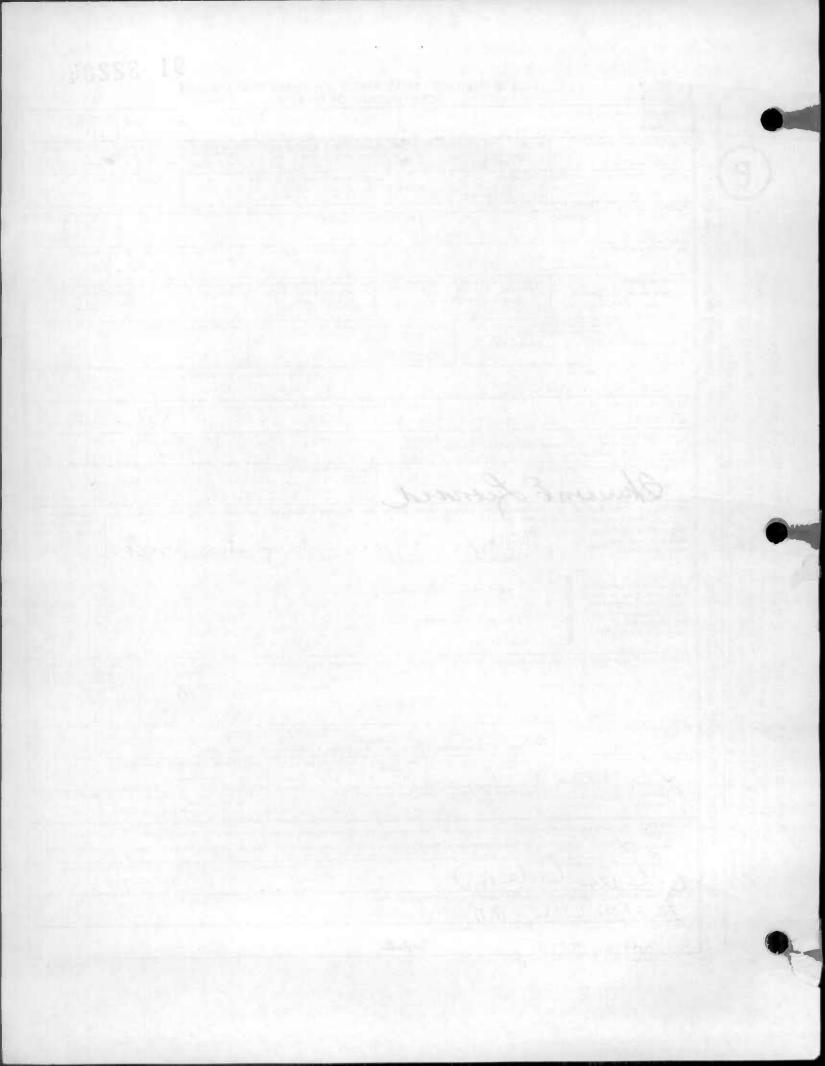
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

1991

32. REGISTRAR'S SIGNATURE

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rav 1/89



3. TIME OF DEATH

6. BIRTHPLACE (State or Foreign Country)

10d. INSIDE CITY LIMITS?

YES 2 NO

Grangeville, Idaho

United States

14. RACE — American Indian,
Black, White, etc.

10:15 AM M

10a STATE

Maryland

10e. STREET AND NUMBER

DIRECTOR

FUNERAL

4. SOCIAL SECURITY NUMBER

579-07-2067

RESIDENCE OF DECEDENT

9a. FACILITY NAME (If not institution, give atreet and number)

10b. COUNTY

Memorial Hospital

22 Lynnbrook Terrace

JAMES HERBERT FIELDING JUKES

XX 2 - F

At

5. SEX

Talbot

VRS

IF UNDER 1 YEAR

10c. CITY, TOWN OR LOCATION

Easton

DAYS

Easton

IF UNDER 24 HRS.

MIN.

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

101. ZIP CODE

21601

6. AGE (In yrs. lest birthday)

80

Easton

1991

Talbot

2. DATE OF DEATH MONTH

7. DATE OF BIRTH (Month, Day, Year)

BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1X XES IF YES, GIVE WAR OR DATE WWII	J.S. ARMED 2 NO ES	13. WAS DECENDENT OF HISP If yes, specify Cuben, Maxi 1 YES 2 TNO Spe								
LETED												
COMPL	12 17. FATHER'S NAME (First, Middle, Last)	5+	Lawy		Patent & Tr		K					
BE	Rev. Herbert Jukes 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
10	Mary K. Jukes 20a. METHOD OF DISPOSITION 1 □ Burlel 2 □ Cremetion 3 □ Rem 4 □ Donetion 5 □ Other (Specify)		PLACE AND DATE OF	rook Terrace DISPOSITION (Name there clace) Crematory	Faston, Maryland DATE 20c. LOCATION 10/26 Grgetow	— City or Town,						
	21. SIGNATURE OF FUNERAL SERVICE LIG		1	Newnam Fu	FACILITY							
	23. PART I. Enter the disasses, or shock, or heart fallure. IMMEDIATE CAUSE (Final		the daath. Do not a				Approximata interval Batwas Oneat and Dea					
	disease or condition resulting in death) Septis Due to (or as a consequence of):											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. Poly Cy Thim, A Rub A VIMA, Rafina By Arlimon 1 yes 2 DNO DIA Gods, Clost in Sirm Diffice (18 Dinochus)											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26, PLACE OF DEATH (111111		0 1					
BY PHYS	1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	1 ☐ Inpetient 2 ☐ ER/Outpet 26s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	Nursing Home 5 Rasidence 28c. INJURY AT WORK? NO 1 YES 2 NO	WORK?							
G	2 Accident Investigation 3 Suicide 6 Could not be detarmined	28a. PLACE OF INJURY – building, etc. (Specif)	ber or Rural Route	Number,								
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.											
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON WITH	hother	M ATEM 27 CT-2 CO	29c. LICENSE N	1466 P	ATE SIGNED (Mo	onth, Day, Year)					
	Ludwig J. Eg	Inden In	mg	606 PV72.	hams land a	SAITO~	md					
	OCT 28 199	32. REGISTRAR'S SIGNAT	on Randoll			7	2/60/					

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIFNE

1 - STATE REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO.					
1. DECEDENT'S NAME (First, Middle, Last)					2. OATE OF OEATH MONTH DA	Y YEAR	3. TIME OF DEATH			
HERBERT A	UGUSTUS JON	ES			Oct. 27,19	991	135.A.M.			
4. SOCIAL SECURITY NUMBER 220-12-2042	5. SEX 8. AGE (In		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Dec. 7, 1902	a BURT	HPLACE (State or Foreign land)			
9a. FACILITY NAME (If not institution, give structure) Weridian Nursing			city, town of Easton	R LOCATION OF DE		9c. COUNTY OF	DEATH			
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?			
Maryland Talbot		Witt					1 TYES 2 NO			
100. STREET AND NUMBER New Road			101	21676		U.S.	what country? $oldsymbol{A}_{oldsymbol{\cdot}}$			
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 ☐ YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	ENDENT OF HISPAI ecity Cuban, Mexica 2 NO Specifi	NIC ORIGIN? (Specify Yea in, Puerto Rican, etc.) y:	Blac	E — American Indian, ek, White, atc. City: White			
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) This country (Give kind of work done during most of working life. Do NOT use retired.)								
17. FATHER'S NAME (First, Middle, Last)		Watermar	1	18. MOTHER'S NA	Seafoo					
Herbert H. Jones	S			Carrie	Thomas					
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a		Route Number, City or Town	n, State, Zip Code)				
Betty M. Marshal	1	8551 Sev	vell P	Rd. P.			an, Md.2167			
20s. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	val from State	PLACE AND DATE OF COMMENTS OF	ther place)			cation – city or t	own, State els, Md.216			
21. SIGNATURE OF FUNERAL SERVICE LICE			22. NAME AI Harris	on E. Le		eral Home	21663			
23. PART I. Enter the diseases, or co	omplications that caused	the death. Do not					Approximata			
IMMEDIATE CAUSE (Final	a. ATAro Sc	lastic	CAN	hougse	Var di	16436	Interval Batwa Onset and Da			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.										
PART II. Other significant conditions		ut not resulting in t	ha underlyin	g cause given in	Part I. 24a. WAS AN PERFOI	RMED?	b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
				100						
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outp		THER:	LACE OF DEATH (CI	a Cither (Specify)					
27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	Y W	IURY AT ORK? YES 2 NO	28d. DEŞCRIBE HOW	RIBE HOW INJURY OCCURED				
2 Accident Investigation 3 Suicida a Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Speci	— At home, farm, stre-	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
onel only	CIAN: To the beat of my knowl						r(a) and menner as stated			
29L SIGNATURE AND TITLE OF CENTIFIER	17/11			29c. LICENSE NU	MBER	29d. DATE SIGNE	ED (Month, Day, Year)			
July 1/56	white or			D 3/	466	> 10,	129/91			
	seder, III	I. D. Duto		Lane I	Easton, Mar	ryland 2	21601			
31. DATE FILED (Month, Day, Year) OCT 2.9 1991	32. REGISTRAR'S SIGN	don-Randelle								

BALTIMORE, MARYLAND 21215-0020	amounts after death. Page 6 may be retained by the hospital or attending physician	illed in by the funeral directing page 5 should be detached for use as the bestelling in, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Fage 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral checility man 5 shows the librariest through the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ence.

	iddle, Lest)	ED C	TON	T. C			MONTH			YEAR	3. TIME OF DEATH	
	ELM		JON			· · · · · · · · · · · · · · · · · · ·	11	4		91	4:25 H	
4. SOCIAL SECURITY NUMBER	MONTHS					HOURS MIN.	7. DATE	OF BIRTH s, Day, Ybar)		8. BIRTH	IPLACE (State or Foreign y)	
	179-05-8142							-27-09			NSYLVANIA	
9e. FACILITY NAME (If not Instit						OR LOCATION OF D	EATH		9c. COUN			
Salisbury Nu	rsing	Home			Salisb	bury, Md.			Wice	omic	0	
-	0b. COUNTY			10c, CIT	Y, TOWN OR LOC	ATION					10d. INSIDE CITY	
MD	WIC	OMICO			SALISBU	JRY					LIMITS?	
10e. STREET AND NUMBER					8	01. ZIP CODE	10g. Cl			CITIZEN OF WHAT COUNTRY?		
506 TRUITT	ST.					21801		19.7	U.S.A.			
ti. MARITAL STATUS	- 1	12. WAS DECEDENT FORCES? 1	EVER IN U.S. AF							14. RACE	E — American Indien,	
1 Never Merried 2 Me	orition.	FORCES? 1 IF YES, GIVE W						Rican, etc.)		Speci	k, White, atc.	
3 Widowed 4 Divorce	id								WHITE			
15. DECED (Specify only fr	ENT'S EDUCA	ATION completed)	(6	live kind of	USUAL OCCUPAT	TION nost of working	18b.	KIND OF BUS	INESS/IND	USTRY		
Elementary/Secondery (0-t)	-	College (1-4 or 5+	- Ha	. Do NOT u	se retired.)	•						
6 Years			BUS	MECE	HANIC			PENN. TRANSPOR			RTATION	
17. FATHER'S NAME (First, Midd	fle, Last)					18. MOTHER'S NA	AME (First, A	Middle, Maiden	Surneme)			
CHARLES (UNK		ES				ELIZAB	ETH H	ORBIT	JONE	S		
19e. INFORMANT'S NAME (Type			19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
MARGARET GIE	70110			939	SUMAC CI	RCLE SA	LISBU	JRY, ME	MD 21801			
20a. METHOD OF DISPOSITION 1- Buriel 2 □ Cremation	N 3 🗆 Remo	wal from State			E OF DISPOSITION or other place)	N (Name	DAT	TE 20c. LOCATION — City or Town,			own, State	
4 Donation Donation	pecify)		PARS	ONS (CEMETERY			11-6 SALISBURY, MARYLAND				
21. SIGNATURE OF FUNERAC BERVICE DICENSEE 22. NAME AND ADDRESS OF FACILITY HOLLOWAY FUNERAL HOME												
HOLLOWAY FUNERAL HOME 501 SNOW HILL RD SALISBURY, MD 21801												
disease or condition reaulting in death)	a	DUE TO	(OR AS A CONSE	OUENCE C	of the	- /					Onset and Da	
Sequantially list condition if any, leading to immedicause. Enter UNDERLYIN. CAUSE (Disease or injury that initiated events	ata G	DUE TO	(OR AS A CONSE	OUENCE	OF):	ilm					Onset and Da	
Sequentially list condition If any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or Injury	ata G	DUE TO	OR AS A CONSE	OUENCE	OF):	ilm					Onset snd Da	
Sequantially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST	ata G d	DUE TO	OR AS A CONSE	OUENCE C)F):	ing cause given is	n Part i.	24a, WAS AN	ALITOPSY	246		
Sequantially list condition if any, leading to immedicause. Enter UNDERLYIN. CAUSE (Disease or injury that initiated events	ata G d d	DUE TO	OR AS A CONSE	OUENCE C	OF):	ing cause given in	n Part I.	24a. WAS AN PERFOR	MED?	246	D. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO	
Sequantially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST	ata G c. d	DUE TO	OR AS A CONSE	OUENCE C	OF):	ing cause given in	n Part I.		MED?	24b	D. WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?	
Sequantially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST	ata G d d	DUE TO	OR AS A CONSE	OUENCE C	OF):	ing cause given in	n Part I.	PERFOR	MED?	246	b. WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUSE	
Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN. CAUSE (Disease or injury that initiated events resulting in death) LAST	acconditions	DUE TO	OR AS A CONSE	OUENCE C	In the underly		_	PERFOR	MED?	246	D. WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?	
Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant Sequential conditions are algnificant. LAST PART II. Other algnificant. LAST PART II. Other algnificant.	acconditions	DUE TO DUE TO HOSPITAL:	(OR AS A CONSE	COURNER COURNE COURNER COURNER COURNER COURNER COURNER COURNER COURNER COURNE	In the underly	ing cause given in	_	PERFOR	MED?	246	D. WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?	
Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant Augustus 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 WO	acconditions	DUE TO DUE TO HOSPITAL: 1 Inpatient 2	(OR AS A CONSE	COUENCE C	DF): In the underly 26. OTHER: 4. Nürsing H	PLACE OF DEATH (O	heck only or	PERFOR 1 YES 2	MED?		D. WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?	
Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN. CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 WO 27. MANNER OF DEATH	ata G c. d d t conditions	DUE TO DUE TO HOSPITAL:	OR AS A CONSE	COUENCE C	In the underly 26. OTHER: 4 Nursing H ME OF 28c. IJURY 28c. IJURY	PLACE OF DEATH (C	heck only or	PERFOR 1 YES 2	MED?		D. WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?	
Sequantially list condition if any, leading to immedicause. Enter UNDERLYIN. CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant John Condition of the condition	ata G c. d d t conditions	DUE TO DUE TO Secontributing to HOSPITAL: Input Input	QOR AS A CONSE	COUENCE C	In the underly 26. OTHER: A Nürsing H ME OF JURY M 1	PLACE OF DEATH (Come 5 Recidence NJURY AT WORK?	8 Other	PERFOR 1 YES 2 16) If (Specify) SCRIBE HOW II	NJURY OCC	CURED	D. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO	
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Sequantially list condition if any, leading to immedicause. Enter UNDERLYIN. CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 WO 27. MANNER OF DEATH t Natural 5 Property of the prope	anding vestigation build not be retermined	DUE TO DUE TO DUE TO S contributing to HOSPITAL: 1 Inpatient 2 28e. DATE OF (Month, D) 28e. PLACE O Duliding,	(OR AS A CONSE death but not DER/Outpatient: INJURY sy, 'year') my knowledge, d	COUENCE C C COUENCE C C COUENCE C C COUENCE C C	26. OTHER: 4 Nürsing H ME OF JURY M 1 catreet, fectory, of	PLACE OF DEATH (Come 5 Recidence NJURY AT WORK? YES 2 NO Vifice No vi	28d, DE:	PERFOR 1 YES 2 PERFORM 1 YES 2 PERFORM PERF	NJURY OCC	or Rural	D. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO Route Number,	
Sequantially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 P. Accident 3 Suicide a C. Certificheck only 29e. CERTIFIER (Check only	anding vestigation build not be retermined	DUE TO DUE TO DUE TO S contributing to HOSPITAL: 1 Inpatient 2 28e. DATE OF (Month, D) 28e. PLACE O Duliding,	(OR AS A CONSE death but not DER/Outpatient: INJURY sy, 'year') my knowledge, d	COUENCE C C COUENCE C C COUENCE C C COUENCE C C	26. OTHER: 4 Nürsing H ME OF JURY M 1 catreet, fectory, of	PLACE OF DEATH (COmme 5 Reeldence NJURY AT WORK? YES 2 NO flice	28d, DE:	PERFOR 1 YES 2 PERFORM 1 YES 2 PERFORM PERF	NJURY OCC	or Rural	D. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO	
Sequantially list condition if any, leading to immedicause. Enter UNDERLYIN. CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 P. Manner of Death 2 Acddent Immanded a C. C. Acddent Coney Check only One) 29b. SIGNATURE AND TITLE C.	and a conditions and a condit	DUE TO DUE TO DUE TO Secontributing to HOSPITAL: 1 Inpatient 2 28e. DATE OF (Month, D) 28e. PLACE O building, CIAN: To the best of e	(OR AS A CONSE GOR AS A CONSE	COUENCE COUENC	in the underly 26. OTHER: 4 Nursing H ME OF JURY M 1 atreet, fectory, of	PLACE OF DEATH (Come 5 Recidence NJURY AT WORK? YES 2 NO Vifice No vi	28d, DE:	PERFOR 1 YES 2 PERFORM 1 YES 2 PERFORM PERF	NJURY OCC	or Rural	D. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO Route Number,	
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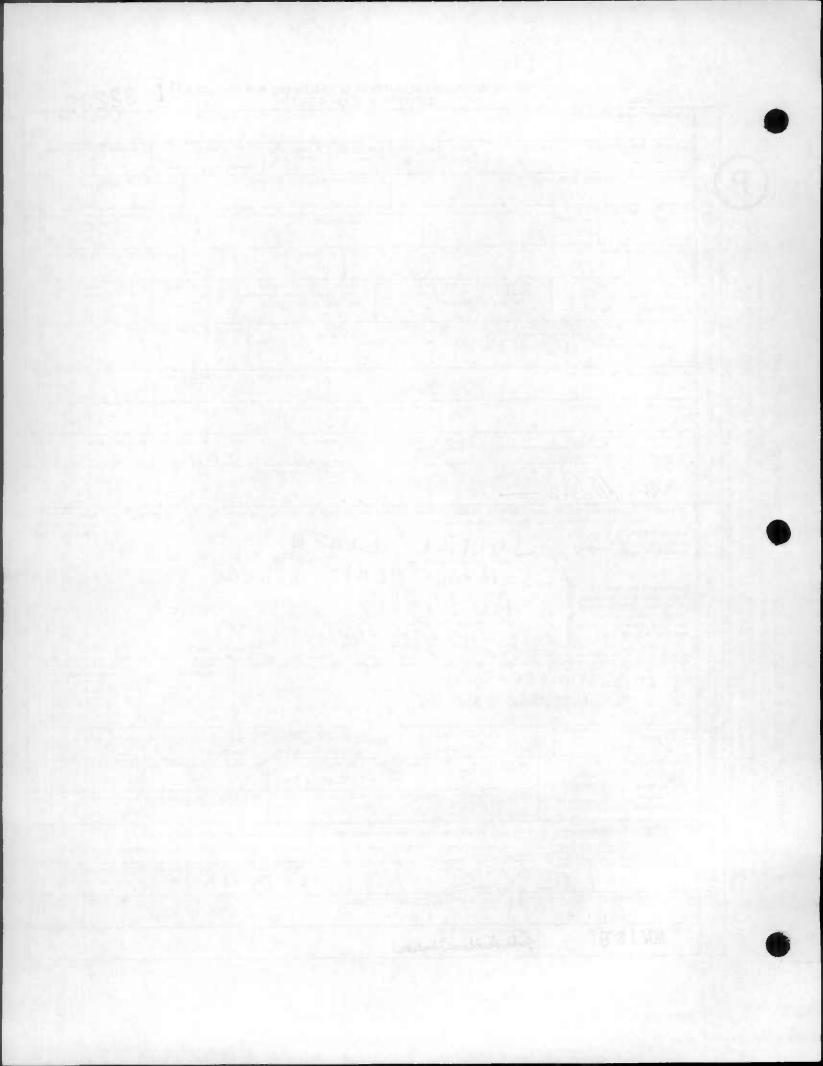
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may to	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be
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	HEGISTHAN			CI	ERIIF	ICALE	UF	DEA	I H	i	REG. NO.					
	1. DECEOENT'S NAME (First, I							2. DATE OF	DATE OF DEATH DAY YEAR			3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 5. SEX 6.			6. AGE (In yrs. les	yrs.	IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF (Month, D	ay, Year)		Country)	LACE (State or Foreign		
		9a. FACILITY NAME (If not institution, give street and number)					TOWN O	R LOCATI	ON OF DE		30	9c COIII	NTY OF DE			
DIRECTOR	PENINSULA GENERAL HOSPITAL							BURY				WICOMICO				
<u>S</u>		10b. COUNTY			10c. CIT	Y, TOWN OF	LOCAT	ION						10d. INSIDE CITY		
	MD DORCHESTER HU						_					LIMITS?				
RA	10e. STREET AND NUMBER						10f. ZIP CODE				10g. CITIZEN OF WHAT COUNTRY?					
FUNERAL	409 PENN ST	TREET						2164	-				.A.			
BY FU	11. MARITAL STATUS 1 Never Married 2 N 3 Widowed 4 Divorce	EVER IN U.S. AR YES 2 X IN R OR DATES				cify Cuba	F HISPANI n, Maxican Specify:	C ORIGIN? (S , Puerto Rice	pecify Yaa n, atc.)	14. RACE — American Black, White, atc. Specify:		:				
	15. OECEI	DENT'S EDUC	ATION	16a DE	CEDENTIC	USUAL OCC	HIDATIO					1	WHI	ITE		
COMPLETED	(Specify only in Elementary/Secondary (0-1	highest grade (completed)	(G	ive kind of v	andk done du	ring mos	in st of workin	g	16b. KII	ND OF BUS	INESS/IND	USTRY			
F	12 Years		College (1-4 or 5+) 4 Years				TID O	T TA	anna							
MC	17. FATHER'S NAME (First, Mid		4 lears	1 0	JALII	Y CON	TKC		77				TURIN	NG.		
	JAMES TALMAD		IINCON							IE (First, Midd		Sumeme)				
BE	19a. INFORMANT'S NAME (Typ		UNSON							STER T	-0					
2											ber, City or Town, Stete, Zip Code)					
	RONALD K. OD					ENN S			LOCK	, MD	2164					
	1XXBuriel 2 Cremation	3 🗌 Ramo	val from Stata	cemetery, cre-	ACE AND DATE OF DISPOSITION (Name of y, crematory or other place)					DATE	20c. LOC	OCATION — City or Town, State				
	4 Donation 5 Other (S	and the second second	- T	RESTHA	VEN	VEN CEMETERY						CLARKSVILLE, TN				
	21. SIGNATURE OF FUNERAL HOME 22. NAME AND ADORESS OF FACILITY HOLLOWAY FUNERAL HOME 50 1 SNOW HILL RD SALISBURY, MD									21801						
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially liat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):								que	zrdro	PP			Onset and Daath		
CERTI	resulting in death) LAST	L d.														
	PART II. Other aignificant	conditions	contributing to de	eath but not re	sulting i	the unde	erlying	cause g	Ivan in P	art i. 24s	. WAS AN		24b. W	/ERE AUTOPSY FINDINGS		
: MEDICAL			PERFOR						0	WAILABLE PRIOR TO OMPLETION OF CAUSE IF DEATH? YES 2 NO						
A	25. WAS CASE REFERRED TO I	WEDICAL					26 PL 4	CE OF DE	ATH Chan	k only one)						
Sic	EXAMINER?		HOSPITAL:	D/Outputle 4 2		OTHER:										
Y PHYSICIAN:	1 Impetiant 2 ER/Outpetiant 3 DoA 4 Nursing Home 5 Realdence 6 Other (Specify) 27. MANNER OF OEATH 28s. DATE OF INJURY (Month, Oey, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. OE\$CRIBE HOW INJURY OCCURED															
TED BY	2 Accident Investigation 3 Suicids 8 Could not be datarmined datarmined 4 Homicide Colin											te Number,				
COMPLET	29a. CERTIFIER (Check only one) 29 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.												nd manner as stated,			
TO BE	29b. SIGNATURE AND TITLE OF	Myn	ren n	P				29c. LICEI	30	5 3		29d. DATE	SIGNED (M	lonth, Oay, Year)		
	Dv. (D;11,	an	Horne	V-10	0 00			Sal). M	J. >	180					
2	NOV 0 7 1	991	Prine David	s signature	ell						l F					

NOV UT 1991 FOR ALL STREET PROPERTY OF THE VOIL

1. DECEDENT'S NAME (First, Middle, Last) Terry			ERTIF		01 0	EA	III		REG. NO.		U 6	-689
	Adrian		JORD	MAN				2. DATE O MONTH Novem	DA		YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. las		IF UNDER 1			24 HRS.		F BIRTH ()	4,199	8. BIRTH	PLACE (State or Foreign
216-78-4808	1 🔀 M 2 🗌 F	31	YRS.	WONTHE	GAYS N	ouns	MINA.	Jan.	25, 19	60-	Country	vland
90. FACILITY NAME (If not institution, give s 962 Noland Drive					TOWN OR I		ON OF DE	ATH		9c. COUN	TY OF DE	ATH
RESIDENCE OF DECEDENT				Hag	erst	own				h	[ASH]	NGTON
Manaya Tanad			10c. CIT	Y, TOWN OR								10d. INSIDE CITY LIMITS?
Maryland Was	hington			Hage	rstov	VN P COD						1 X YES 2 NO
962 Noland Drive					101. 21		740					HAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	MED	13. W	AS DECENS	DENT C	F HISPAN	IC ORIGIN?	(Specify Yea		SA 14. RACE	- American Indian, White, atc.
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE V	WAR OR DATES	10	1	YES 2	y Cuba	n, Mexice Specify	n, Puerto Ri	can, atc.)		Specif	<i>i</i> :
15. DECEDENT'S EDU	CATION	18e. DE	CEDENT'S	USUAL OCC	LIPATION			105.0	(IND OF BUS	INCOC (INC)		ite
(Specify only highest grade Elementary/Secondery (0-12)	College (1-4 or 5	(G	Do NOT us	work done du	ring most o	f workir	ng	180.	UND OF BUS	INESS/IND	JSTRY	
			tten	dant				Ga	soline	e Ser	vice	Facility
17. FATHER'S NAME (First, Middle, Last) Leon Ten	27	7.00			16			ME (First, Mic	ddle, Maiden S	Surname)		
19a, INFORMANT'S NAME (Type/Print)	ı y		rdan	ADDDESS /	Dimet and I		Joyce		Gay r, city or Town			helle
Joyce G.Jordan									wn, MD			
20a. METHOD OF DISPOSITION 1 (X Burlel 2 Cremation 3 Remo	oval from State	20b. PLACE	ND DATE	OF DISPOSIT	ION (Name o	of		DATE		CATION — C		rn, Steta
4 Donetion 5 Other (Specify)	-3	Gree	n l a l						Will	iams	port	,MD 21795
21. SIGNATURE OF FUNERAL SERVICE LIC	1			0SE	BORNE	F	JNERA	L HOI	ME			
23. PART I. Enter tha diseasea, pro	14-			P.(.Box	#	348	Will:	iamspo	ort, M	D 21	795
immediate Cause (Final disease or condition resulting in death)	54	OR AS A CONSEC		Di	AT	1	1	. 0.0				Interval Betwee Onest and Dest
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	. A.	OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF		j: _j	ELC.			ST	Ę			
	s contributing to	death but not re	neulting I	n the und	eriying ce	euse g	lven in I		4a. WAS AN A PERFORM	MED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
PART II. Other eignificant conditions DIAGRATIC PERIPHS	NEPHT.	45C.00								2, 10		1 YES 2 NO
DERIDIES 25. WAS CASE REFERRED TO MEDICAL		48(.0)			26. PLACE	OF DI	EATH (Che	ck only one)				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:				ck only one)				
DERIPHS 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month, D	ER/Outpetient 3 INJURY ay, Year)	DOA 28b. TIMI	4 Nursin	g Home 5 8c. INJURY WORK? 1 YES	(X Re	aldenca (ck only one)				
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 D'YES 2 D NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month, D) 28a. PLACE O	ER/Outpatient 3	DOA 28b. TIMI	4 Nursin	g Home 5 8c. INJURY WORK? 1 YES	(X Re	aldenca (ck only one) B Other (: 28d. DESCI	Specify)	JURY OCCI	URED	1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VYES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be	HOSPITAL: 1 Inpetient 2 28e. DATE OF (Month, D) 28e. PLACE O building,	ER/Outpetient 3 INJURY oy, Year) F INJURY — At hor stc. (Specify) my knowledge, dea	DOA 28b. TIMI INJUNE, ferm, a	4 Nursing E OF URY M 20 Nursing	g Home 5 Bc. INJURY WORK? 1 YES /, office	AT 2 _	NO end dua	ck only one) B Other (28d. DESCI 28f. LOCAT City or	Specify) RIBE HOW IN ION (Street er Town, State)	JURY OCCI nd Number of	URED or Rural Ro	1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpetient 2 2 28e. DATE OF (Month, D) 28e. PLACE O building, CIAN: To the best of experience of ex	ER/Outpetient 3 INJURY ay, Year) F INJURY — At hor stc. (Specify) my knowledge, detamination end/or in	DOA 28b. TIMMI INJI me, ferm, a	4 Nursing E OF 20 Nursing M Nursing	g Home 5 Bc. INJURY WORK? 1 YES y, office e, date and	AT 2 place,	NO end dua	28d. DESCI 28d. DESCI 28d. DESCI 28d. Descine control of the cause	Specify) ION (Street ar Town, State) (a) and ment and place, and	JURY OCCI nd Number of ner as states dus to the 29d. DATE	JRED or Aural Ro d. cause(s)	1 YES 2 NO



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-		equires that the death certificate be executed within 2, nours after death. Page 6 may be retained by the hospital or attending physician.	en signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-fragsit perget. of Health and Mental Hygiene prior to burial, cremation, or removal.	hows any injury, or other traumatic event, the medical examiner must be notified at once.
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L DR ATTENDING PHYSICIAN: The L DIRECTOR: After this certificate before after death with the State of term 28 is marked, or Item

TO THE HOSPITAL
TO THE FUNERAL (
be filed within 72 h
IMPORTANT: If II

llem. certificate to the State

FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH DAY 1. DECEOENT'S NAME (First, Middle, Last) 3. TIME OF DEATH JOHNSON, 8-1-91 GLENFORD JR 3:40A IF UNDER 1 YEAR IF UNDER 24 HRS. 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Dev. Year, 8. BIRTHPLACE (State or Foreign 5. SEX 6. AGE (In vrs. last birthday) MONTHS DAYS HOURS 220 18 7720 1-M 2 F 73 9-22-1917 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1049 Greenmount Avenue Baltimore RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 YES 2 NO Maryland Baltimore na 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10e, STREET AND NUMBER 101. ZIP COOE 1049 Greenmount Avenue 3rd floor USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indien, Black, While, atc. If yes, specify Cuban, Maxican, Puerlo Rican, etc.) 1 Never Married 2 Married 1 YES 2 NO Specify: Specify: Black BY 3 Widowed 4 Divorced ED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. OECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INOUSTRY (Specify only highest grade comp COMPLET Elamentary/Secondary (0-12) College (1-4 or 5+) 6 meat cutter Meat Packing Company 17. FATHER'S NAME (First, Middle, Last) Glenford Johnson Ethel Edna Hutchins 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 419 W. Winona Street, Philda, PA 19144 Sarah Mitchell Daughter 20e, METHOD OF DISPOSITION

1 SC Burlel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or 20c. LOCATION - City or Town, State State Anatomy Ed. 655 Baltimorest, Balto, MD DE SHIELDS-FOOKS FUNERAL HOME Centreville, MD PO Box 1574 Salisbury, MD 21801 23. PART I. Enter the discess or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory erreat, **Approximate** Interval Between shock, or heart failure. List only one cause on each line. Onset and Deeth IMMEDIATE CAUSE (Final disease or condition Pulmonary Duease . Chronic Obstructive 10 yr resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 24a. WAS AN AUTOPSY PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Pert i. 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 YES 2 NO 1 Inpetiant 2 ER/Outpetiant 3 DOA 27. MANNER OF DEATH 26e, DATE OF INJURY 26d. DESCRIBE HOW INJURY OCCURED 20b. TIME OF 28c. INJURY AT WORK? Netural

Accident

Suicide 5 Pending М 1 YES 2 NO BY Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be ETED 4 Homicide detarmined 29a. CERTIFIER (Check only One):

One):

One):

Approved EXAMINED: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. OATE SIGNEO (Month. Day, Year) 11/10/91 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) reston F9446 0 DR PRESTON REYNOLDS 6 Concord Place, Havre de Grace, MD 21078 31. DATE PLED! (Month, 'Day, Year)

mostspkin Hospital

32. REGISTRAR'S SIGNATURES

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

				74 545 5	M. 35 m.p Pd P						
1.1	DECEDENT'S NAME (First, Middle, Last)		hressa	KEPL	INGER		2. DATE OF MONTH	DEATH		YEAR 3. T	TIME OF DEA
	Mabel	To	Kep171				1/	16		9/	
)	SOCIAL SECURITY NUMBER		AGE (In yrs. lest bi	1000		IF UNDER 24 HRS.	7. DATE OF (Month, D		a	Country)	CE (State or F
/ II—	220-16-4061	1 M 2 RF	73	YRS. MONTHS	DAYS	HOURS MIN.	Oct.		918	Mary1	and
	. FACILITY NAME (If not institution, give					LOCATION OF			9c. COUNT	Y OF DEATH	1
DIRECTOR W	Washington Cou	nty Hospita	1		Hagers	stown			Was	hingt	on
5 RI	a. STATE 10b, COUNT	***									
E 10			1	10c. CITY, TOWN						10d.	INSIDE CIT
-		ashington		над	erstov	WII				t [YES 2 2
FUNERAL	. STREET AND NUMBER 17524 York Road	1			10f. 2	2174	0		10g. CITIZE	N OF WHAT	COUNTRY?
Ä –						21/4	U		U.	S.A.	
급	MARITAL STATUS Never Married 2 X Merried	12. WAS DECEDENT EVE FORCES? 1 1	YER IN U.S. ARME	D 13	3. WAS DECEN	NDENT OF HISPA	NIC ORIGIN?	Specify Yes	or No — 14	4. RACE — A Black, Wh	mericen in
V 11	☐ Widowed 4 ☐ Divorced	IF YES, GIVE WAR O	OR DATES		1 YES 2			iri, etc.)		Specity: W	
0	16 05050511710 60	1								, vv	HILC
	15. DECEDENT'S EDI (Specify only highest grad	de completed)	(Give	DENT'S USUAL kind of work don	e during most	of working	16b. KI	ND OF BUSI	INESS/INDUS	STRY	
۳ I	Elementary/Secondary (0-12)	College (1-4 or 5+)		NOT use retired.							
COMPLET	0-8			homema							
8 1	FATHER'S NAME (First, Middle, Last)	es Edgar Ha	mmond			18. MOTHER'S N	AME (First, Mide	die, Maiden S	Surname)	haraa	2
H		es Eugar na									T
0 194	INFORMANT'S NAME (Type/Print)	anlinaa-	19b. M	AILING ADDRES	SS (Street and	Number or Rura	Route Number,	City or Town,	State, Zip Co	ode)	740
171	ir. Charles A. K	epringer	1/	J24 10	IK KO	ad, Hag	erstow	II, Ma	тутап	id ZI	740
1 [METHOD OF DISPOSITION Burlel 2 Cremation 3 Ren	movel from State	20b. PLACE AND	DATE OF DISPO	SITION (Name	e of	DATE	20c. LOC	ATION — CIt	ty or Town, S	Itate
	☐ Donetion 5 ☐ Other (Specify)		Cedar	Lawn M	emoria	al Park	11-20	Hage	rstow	m, Ma	ryla
21.	SIGNATURE OF FUNERAL SERVICE LI	ICENSEE ,	•	22	. NAME AND	ADDRESS OF F	ACILITY M	innic	h Fun	eral	Home
IM dis	B. PART I. Enter the diseases, Dr ahock, Dr heart failure.	a. List only one cause b	was a conseque	a. Do not ente	15 Eas	st Wils	on Blv		lagers	stown,	Approxi
NO See if a can	IMEDIATE CAUSE (Final sease or condition	a. OUE TO (OR A	on each line.	A. Do not ente	15 Eas	st Wils	on Blv		lagers	stown,	Approxi intervai
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IM district CALIEN BY PHYSICIAN. MEDICAL CERTIFICATION CERTIFICATION CAN DE COMPLETE DE VINCENTE COMPLETE COMPLICATION COMPLETE COMPLETE COMPLICATION COMPLETE COMPLICATION COMPLICATIO	MANNER OF DEATH Natural NACIDENT NATURAL CERTIFIER (Check only One) CERTIFIER (Check only One) DATE FILED (Month, Day, Year) NAME AND ADDRESS OF PERSON WARMANDER CANADA STANDARD (Month, Day, Year)	DUE TO (OR A DU	AS A CONSEQUE AS A CONSEQUE th but not resu Outpetlent 3 1 INPY 26 URY — At home, Specify) DEATH (ITEM 27	DOA OTHER DOA INJURY M farm, street, fel occurred at the stigation, in my	28. PLACER: underlying of the mode 28. PLACER: unsing Home 28c. INJUR WORK 1 YES ctory, office	St Wils of dying, au SHO Cause given in E OF DEATH (C) T AT T S 2 NO and piece, and du th occured at the	a Part I. 24 1 Part I. 24 1 Part I. 24 28d. Descri	e. WAS AN AI PERFORM VES 2 J Decity) BE HOW INJ ON (Street and only in State) e) end menned a place, end	JURY OCCUR d Number or er ea stated. due to the c	24b. WERAWAIL COMD OF 0	Approxi Interval Onaet a E AUTOPSY ABLE PRIC PLETION D EATH? YES 2 [

10s. STATE

DIRECTOR

Mary

4. SOCIAL SECURITY NUMBER

214 78 5550

RESIDENCE OF DECEDENT

10a STREET AND NUMBER

Regina

10b COUNTY

Calvert.

9a. FACILITY NAME (If not institution, give street and number)

5. SEX

1 M 2 F

FUNERAL burial-transit 420 West Dares Beach Rd. retained by the hospital or attending physician. 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-if yes, specify Cuben, Mexicen, Puerto Rican, etc.) FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 NO 1 Never Married 2 Merried BY 1 YES 2 NO Specify 3 Widowed 4 Divorced use as t COMPLETED 16a. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION (Specify only highest grade complete Elementery/Secondary (0-12) for College (1-4 or 5+) housewife be detached 17. FATHER'S NAME (First, Middle, Last) James Oden McKenzie ig. Joanna BE page 5 should notified 190. INFORMANT'S NAME (Type/Print) 0 Thomas A. Kidwell, Sr. PO Box 113 Abell, MD 20606 after death. Page 6 may be pe 20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must Burial 2 Cremetion 3 Removal from State funeral director, Southern Mem. Gardens 11-11-9: 4 Donetion 5 Other (Specify) examiner 21. SIGNATURE OF FUNDRAL SER 22. NAME AND ADDRESS OF FACILITY filled in by the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heert fellure. Liet only one ceuse on each line. **IMMEDIATE CAUSE (Fine)** the disease or condition tallm completely event. resuiting in deeth) executed within DUE TO (OR AS A CONSEQUENCE OF) and con bunal. deli traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): 2 death certificate be CH+F. CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST 0 the atter injury, PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. that the o 24a. WAS AN AUTOPSY PERFORMED? MEDICAL and and shows any 1 | YES 2 | NO been it. of h has b. Dept. 23 si PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) this certificate It with the State Item EXAMINER? HOSPITAL: OTHER: OR ATTENDING PHYSICIAN: Inpatient 2 & ER/Outpatient 3 DOA 4 - Nursing Home 5 - Residence 8 - Other (Specify) 0 27. MANNER OF DEATH 28e. DATE OF INJURY marked, 28b. TIME OF INJURY 28c. INJURY AT WORK? 1 Natural 5 Pending 1 YES 2 NO BY M After 1 2 Accident 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, atc. (Specify) 3 Suicide TO THE FUNERAL DIRECTOR: A be filed within 72 hours after de IMPORTANT: If item 28 is S ED 8 Could not be 4 Homicide datermined E 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and manner se stated. COMPL HOSPITAL 2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(s) and menner ee stated. 296. SIGNATURE AND TITLE OF CERTIFIER THE THE I 29c. LICENSE NUMBER Norsdam 16 more 223 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Kioumarce Yazdani M.D., Prince Frederick Maryland 17 31. DATE FILED (Month) 38 REGISTER'S SIGNATURANDELL

CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH 1991 November 6, Kidwell 1741 S. AGE (In yrs. lest birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. S. BIRTHPLACE (State or Foreign DAYS 10-14-1917 74 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Calvert Memorial Hospital Calvert Prince Frederick 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Prince Frederick 1 YES 2 NO 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 20678 USA 14. RACE — American Indien, Black, White, atc. Specify: white 16b. KIND OF BUSINESS/INDUSTRY 18. MOTHER'S NAME (First, Middle, Maiden Sumeme) Kidwell 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 20c. LOCATION — City or Town, State Dunkirk (Calvert) MD Rausch Funeral Home, Owings, MD 20736 Approximate intervei Between Oneet end Death 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street end Number or Rural Route Number, 29d. DATE SIGNED (Month, Day, Year) 11/6/0

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370R. After this certificate has been signed by the attending physician and completely filled in by the funeral	cremal	28 is marked or item 23 shows any injury, or other traumatic event, the medical examine
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	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTI CERTIFIC	MENT OF HEALTH A CATE OF DEATH	ND MENTAL HYGIE		
	1. DECEDENT'S NAME (First, Middle, Lest) Robert Ge	eorge	Knick		2. DATE OF DEATH	DAY YI	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 215-03-4118 90. FACILITY NAME (If not institution, give	5. SEX 6. AG	7 9 YRS. M	F UNDER 1 YEAR IF UNDER 24	HRS. 7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country) Sennsylvania OF OEATH
רטוט	1132 Shore D			Edgewater		Anne	Arundel
TONERAL DIMECTOR		Arundel		water			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
ובחאר	1132 Shore D	rive		101. ZIP CODE 210	37	USA	OF WHAT COUNTRY?
	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2- NO	13. WAS DECENDENT OF H	IISPANIC ORIGIN? (Specify Yolexican, Puerto Rican, atc.)		RACE — American Indian, Black, White, atc. Specify:
LEIED	15. DECEOENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	JCATION o completed) College (1-4 or 5+)	life. Do NOT use r	done during most of working		JSINESS/INOUST	
J MOO	17. FATHER'S NAME (First, Middle, Last)		Clerk	16. MOTHER	'S NAME (First, Middle, Maide	vil Se	rvice
3	Howard H. Kr	nickman	19b. MAILING AE	Bric DRESS (Street and Number or	lget Curra	1 State Zin Co	(a)
2	Howard Knickma		1132 \$	Shore Drive	. Edgewate	er.MD	21037
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rem 4 Donetion 5 Other (Specify)	TOTAL STREET	b. PLACE ANO DATE OF Commetery, crematory or other	ISPOSITION (Name of	OATE 20c. L	OCATION City	or Town, State
	21. SIGNATURE OF EUNERAL SERVICE LI	and L		Hardesty F	OF FACILITY	ie, P.	A .
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated avants resulting in death) LAST	b. Jicher DUE TO (OR AS		pusie			Interval Batwear
	PART II. Other algnificant condition 10 0 pm - Scele Seus	- 0 /	but not resulting in to	ha undarlying causa giva	n in Part i. 24a, WAS AI PERFO	RMEO?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	26. PLACE OF DEAT	H (Check only one)		
	1 YES 2 NO	1 Inpetient 2 ER/Ou	tpetient 3 🗆 OOA 4	Nursing Home 5 2 Realds	nca 6 Other (Specify) 26d. OEŞCRIBE HOW	M Harv Cooung	
	27. MANNER OF DEATH	28a. DATE OF INJURY				INJUNT OCCUME	•
	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	M 1 YES 2 N	10-00-00		0
	1 Natural 5 Pending	(Month, Day, Year)	Y — At home, farm, street	M 1 YES 2 N	10-00-00	and Number or R	
	1 Natural 5 Pending Investigation 3 Suicide 4 Homicide 6 Could not be determined 29e. CERTIFIER 1 Check only	(Month, Day, Year) 28s. PLACE OF INJUR building, etc. (Sp	Y — At home, farm, streed of the course of t	M 1 YES 2 No	28f. LOCATION (Street City or Town, State	nner se stated.	ural Route Number,
	1 Natural 5 Pending Investigation 3 Suicide 4 Homicide 6 Could not be determined 29e. CERTIFIER 1 Check only	(Month, Day, Year) 28a. PLACE OF INJUR building, etc. (Sp CIAN: To the best of my kno R: On the basic of axaminati	Y — At home, farm, streed of the course of t	M 1 YES 2 No	28f. LOCATION (Street City or Town, State diduction to the cause(a) and ma it the time, date and place, as	nner as stated, and due to the car	ural Route Number,

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3. TIME OF OEATH 2:00 AM 8. BIRTHPLACE (State or Foreign Country)

REG. NO.

			CILLA D.K. D.C.			~		MONTH	DAY Y	EAR 3. TIME OF GEATH
			CHARLES	WESLEY	KIN			10 21	91	2:00 AM
			4. SOCIAL SECURITY NUMBER	147 M 2 T E	n yrs. last birthday)	MONTHS DA		7. OATE OF BIRTH (Month, Day, Year) 8.	BIRTHPLACE (State or Foreign Country)
1	9		489-07-6862 9a. FACILITY NAME (If not Institution, g.		4	OF CITY TO	WN OR LOCATION OF D	6-11-		Texas Y OF OEATH
(P	POR	Will'am Hill Man	or Nursing Home	e	East		EAIR	Talb	
	Sec	EC	10e. STATE 10b. COL		10c. CITY	TOWN OR L	OCATION			10d. INSIDE CITY
	t. Pages	DIREC	Maryland T	albot	Ea	ston				LIMITS?
	permit.	AL	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
ei ei		FUNERAL	3 Mallard Ri	dge			21601		US	A
	the burial-transit	BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? Y YES IF YES, GIVE WAR OR DA	2 NO	If ye	s, specify Cuban, Maxic YES 2 NO Speci	an, Puarto Rican, atc.		I. RACE — American Indian, Black, Whita, atc. Specify:
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LAND 2	detached once.	OMF	12 17. FATHER'S NAME (First, Middle, Last)	4	Perso	nner	Officer 18. MOTHER'S N	AME (First, Middle, Mai		t-Air Force
7 6	5 6	ш	Walter Harve	y King			Eliza	Jane H	iggins	
MAR	5 should notified	TO B	19a. INFORMANT'S NAME (Type/Print)				reet and Number or Rura			
E, F	page 5		Mary E. King				d Ridge,			
ORE, 6 may be			1 Burial 2 XCremation 3 1 4 Donation 5 Other (Specify)	Ramoval from State of c	PLACE AND DATE	or other place)		LOCATION — CH	
- JA			21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE		22. NAN	Matory ME AND ADDRESS OF F	ACILITY	Salisb	iry, MD
BALT after death.	0 - 0		M. E. De	where "	FSP		wnam Fune S. Harriso		on, MD	
	remo		23. PART i. Enter the diseesee, shock, or heert faile	or complications that ceused		ot enter the	mode of dying, eu	ch es cerdiec or re	eepiratory erres	t, Approximete Interval Between
24 hou			IMMEDIATE CAUSE (Finel disesse or condition	Con	0	-			1	Onset end Deel
O, ithin			resulting in deeth)	. Udua	CONSEQUENCE OF	repre	inclard	e la	alla	1-6 Coy
6876 ecuted w	P = 9	_			CONSEQUENCE OF	" de	acoal u	willy sa	ngue	ne i
	sician and com nior to burial, traumatic ev	CATION	Sequentially list conditions, if any, leading to immediate	b. DUE TO (OR AS A	CONSEQUENCE OF):				
OA	5		ceuse. Enter UNDERLYING CAUSE (Diseese or injury	G				- 72		
O. B	Hygiene pro other	CERTIFI	thet initiated evente resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF):				
S, P.	0 -	SER	, and a state of the state of t	d						
0 \$	Me Me	- 11	PART ii. Other eignificent cond		^	n the under	rlying cause given in		S AN AUTOPSY REORMED?	24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO
OR that	ith ar	MEDICAL	status ?	of ceveluro	yan wes	7 50	ressu		S 2 NO	COMPLETION OF CAUSE OF GEATH?
REC	of Hea	ME	vel	eto					1 13	1 TYES 2 NO
		N N	Dr. 1990 0105 05550050 70 195010							
VISION OF VITAL ATTENDING PHYSICIAN: The law	certificate has h the State Dept d, or Item 23	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER 1 YES 2 NO	HOSPITAL:		QTHER:	26. PLACE OF OEATH (C			
F V	the the	PHYS	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIM	E OF 28	Home 5 Residence	28d. DESCRIBE H	OW INJURY OCCU	RED
0 \(\xi	this with		Natural 5 Pending	(Month, Day, Year)	INJ	M 1	WORK?			
ONDING	4 D 10	D BY	2 Accident Investigat 3 Suicide 8 Could no	28a. PLACE OF INJURY	— At home, ferm, s	treet, factory,	office	281. LOCATION (St City or Town, S		Rural Route Number,
DIVISION OR ATTENDING I	DIRECTOR: Iours after	TED	4 Homicide detarmine		,,,,			Oily or lown, c	nate)	
0 8	2 hours	PLE	CERTIFYING P	HYSICIAN: To the best of my know	ledga, dasth occurre	d at the tima	, data and place, and de	is to the cause(s) and	manner as stated	ı.
HOSPITAL	FUNERAL within 72 I	COMPLET	2 MEDICAL EXA	MINER: On the and a demination	n and/or investigation	n, in my opin	ion, death occured at th	e time, date and plac	a, and dua to the	ceuse(e) end manner as stated.
業	TO THE FUNEF THE SHEE WITHIN IMPRESTANT	BE	THE HIGHATUPE AND TITLE OF CERO	WEIER	1 1/1	1	29c. LICENSE N	JMBER		SIGNED (Month, Day, Year)
10	2 4	0	Julyuno 1	1 SULV	11/1/		100	tol	10	-47/
	1		HAMI AND AOORESS OF PERSON	WHO COMPLETED CAUSE OF OE	AIH (ITEM 27) (Type,	Print)				

Lawrence D. Bohan, M.D.

31. OATE FILEO (Morth, Day, Ybar) 0CT 22 1991

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

606 Dutchman's Lane, Easton, MD 21601

32. REGISTRAR'S SIGNATURE
Gruha Davidous Rindale

1 - FOR STATE REGISTRAR

isbury, MD MD ory errest, Approximete Interval Between Onset end Peeth lan nene 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? TOPSY 1 TYES 2 NO RY OCCURED Number or Rural Route Number. us to the ceuse(e) end manner as stated. 9d. DATE SIGNED (Month, Day, Year) DHMH-16 Rev 1/89

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	ha:	e De	1 2
	cate	death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at nace
	ertifi	the	0
	IS C	=	ed,
	ir th	Il w	ark
	Afte	deal	E
			-

	1 - FOR STATE REGISTRAR	STATE OF MARYLAI	ND / DEPARTM	ENT OF H	IEALTH AND		HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF			3. TIME OF DEATH
	William Theo	dore Kolv	a			MDNTH 10	DAY 7	91	9:24 PM
12	4. SOCIAL SECURITY NUMBER		yrs, last birthday)	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF I	BIRTH ny, Year)		IPLACE (State or Foreign
からなる	9a. FACILITY NAME (If not institution, give street	et and number)	96.	CITY, TOWN (OR LOCATION OF E	DEATH /	Pe COU	TY OF D	FATH
CTOR	Memorial Hos	pital		East				1bo	
DIRE	MARYLAND TA	LBOT	ST.	MICH.	AEL5				10d. INSIDE CITY LIMITS? 1 PYES 2 NO
FUNERAL DIRECTOR	417 WATER	ST			ZIP CODE	3	10g. CITI	ZEN OF W	WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Naver Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EYER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	S. ARMED 2 NO ES	If yes, sp	ENDENT OF HISPA ecity Cuban, Maxic 2 NO Speci	an, Puarto Rica	pecify Yea or No— n, atc.)	14. RACE Black Speci	- American Indian, Whita, atc.
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co Elementary/Secondary (0-12)	mpleted)	Give kind of work life. Do NOT use ref	done during mo ired.)	st of working		ID OF BUSINESS/IND	USTRY	
BE CON	17. FATHER'S NAME (First, Middle, Lest) THEODORE	. KOLVA			18. MOTHER'S N. ABB	AME (First, Midd)	VERGE	5	
TO E	DORETHY B. K	OLVA	P.O.B	RESS (Street a			City or Town, State, Zip		7,21663
	20a. METHOD OF DISPOSITION 1		ACE AND DATE OF DI		RY OF	8,199	20c. LOCATION —	City or Ton	wn, State
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE	rd/	27. NAME AN	DADDRESS OF FI		STMICH		VERAL HOME
CERTIFICATION	23. PART I. Enter tha diseases, pr con abock, or heart failure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequantially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants	DUE TO (OR AS A CO	ONSEQUENCE OF:	intar tha mo	and the property of the proper	n as cerdiac	Dr respiratory arro	est,	Approximata Interval Batween Onset and Daath
A	PART II. Other significant conditions of			e underlying	cause given in		. WAS AN AUTOPSY PERFORMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDIC							X		OF DEATH? 1 YES 2 NO
5		IOSPITAL:	OT	28. PL HER:	ACE OF DEATH (C	neck only one)			
X	1 VES 2 NO 1	Inputiant 2 ER/Outputle	mt 3 DOA 4	Nursing Home	5 - Rasidanca				
ВУ РН	1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	M 1 Y	PRY AT RK?	28d. DESCRIE	BE HOW INJURY OCC	URED	
	3 Sulcide 8 Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, term, street	, factory, office		281. LOCATION City or Tox	N (Street and Number (wn, State)	or Rural Ro	oute Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL EXAMINER: 0	N: To the beat of my knowledgen the beats of examination are	je, death occurred at	the time, data my opinion, de	and place, and due	to the cause(a)	and manner as state	d, cause(a)	and manner as stated.
O BE C	296. SIGNATURE AND VITLE OF CERTIFIER	len)	mo		29c. LICENSE NUI	MBER 3/5	29d. DATE	SIGNED ((Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO C		(ITEM 27) (Type, Print)	-AST	ON, M	1.D. :	21601		
	31. DATE FILED (Month, Day, Ybar) OCT 15 1991	32. PEGISTRAP'S SIGNATU	RE						

EXECULES IN		
	THE STOKE B. NEWA	

		mit. Pages	121
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physicans.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burist-transit awniting the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR		STATE OF MAR	YLAND /	DEPART	MENT O	F HEALTH A	ND MEN	TAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First,	Middle, Last)						2. D.	ATE OF DEATH		3. TIME OF DEATH
MARGARET		ENBROT	KHOER					tober 14		1 12:01 a M
4. SOCIAL SECURITY NUMB 216-38-9177		_	GE (In yrs. les		IF UNDER 1 YE	-	and (N	ATE OF BIRTH fonth, Day, Year)	8. E	BIRTHPLACE (State or Foreign
9a. FACILITY NAME (If not in:		25	88	YRS,	OL OUTY TO			7.8,1902		ew Brunswick
Doctors Co				,		WN OR LOCATION	OF DEATH		9c. COUNTY	
RESIDENCE OF DEC	EDENT	HOSPILAI			L,	anham			Princ	ce George's
10a. STATE	10b. COUNTY			10c. CITY,	TOWN OR L	OCATION				10d. INSIDE CITY LIMITS?
Maryland 100. STREET AND NUMBER	Talbo	ot		Ne Ne	<u>eavit</u>					1 YES 2 TONO
						101. ZIP CODE				OF WHAT COUNTRY?
11. MARITAL STATUS	1	2. WAS DECEDENT EV	ER IN U.S. AR	MED	13. WAS	21652 DECEMBENT OF H	HSPANIC OR	IGIN? (Specify Year)	U.S.	LA-AL
1 Never Married 2 3 Widowed 4 Divor		FORCES? 1 1		VO	If ye	n, specify Cuban, it YES 2 NO	faxican, Pua	rto Rican, etc.)		RACE — American Indian, Black, White, atc. Specify:
		2011			1	23				White
(Specify only	EDENT'S EDUCAT	npleted)	(G.	CEDENT'S US ive kind of wor Do NOT use	rk done durin	PATION g most of working		16b. KIND OF BUSI	NESS/INDUST	RY
Elementary/Secondary (0-	-12)	College (1-4 or 5 +)		ouswi i	,			Home		
17. FATHER'S NAME (First, Mi	ddle, Last)					18. MOTHER	'S NAME (Fin	st, Middle, Maiden St	urname)	
Dou	glas B.	Steven						Raymond	,	
19a. INFORMANT'S NAME (Ty						eet and Number or I	Rural Route N	lumber, City or Town,	State, Zip Code	(e)
Neil Carri				P.O. E	Box 43	31 Live	ly, V	irginia	22507	7
20a. METHOD OF DISPOSITION 1 Buriat 2 Cremation 4 Donation 5 Other	n 3 🗆 Remove	I from Stata	cemetery, cre	AND DATE OF	r place)		1		ATION — City	or Town, State
4 Donation 5 □ Other			Wood.	lawn N		al Park		22, 199	1 Eas	ston Maryland
. 1/ "	-	0 0			Harr	ison E.	Leon:	ard Fune	ral Ho	21663
Hamsa		lame			014	o. Talb	OL SI	· ST · IVIT	chaels	Vary and
23. PART i. Enter the dis	seases, or con part fellure. Lie	nplicetions thet ceut t only one ceuse o	reed the de	eth. Do not	enter the	mode of dying,	euch es c	ardiac or reepira	tory arrest,	Approximete intervei Between
iMMEDIATE CAUSE (Find disease or condition resulting in deeth)	e	Conqu	ita	1-e	J-100	nt F	oul	une		Onset and Deeth
		CO A COA	O A CONSEC	DUENCE OF:	12	Pau 7	Nic	10101		
Sequentielly list condition	ons, b.	DUE TO (OR /	S A CONSEC	UENCE OF):	INI	000	218	us (-	
ceuse. Enter UNDERLYIN CAUSE (Diseese or injur	VG C	Ehroni	. 0	bst.	74€	HVY 1	Pular	womou	19 Di	Store
that initieted events resulting in deeth) LAST	,	DUE TO (OR /	S A CONSEC	DUENCE OF):					1	300
resulting in deeth) LAST	d	Hner	nic							
PART II. Other significer	nt conditions c	ontributing to deat	h but not re	esuiting in	the under	ying ceuse give	n in Pert i.	24a. WAS AN AL	JTOPSY	24b. WERE AUTOPSY FINDINGS
Multip	tec	Cicubi	Jus	ul	Ch			PERFORM		AVAILABLE PRIDR TO COMPLETION OF CAUSE
Cache	Xiq							1 TYES 2 T	240	DF DEATH?
25. WAS CASE REFERRED TO EXAMINER?		OSPITAL:				. PLACE OF DEATI	H (Check only	r one)		
1 YES 2 PHO	1	Xinpatlant 2 - ER/G			Nursing	Home 5 - Raside	inca 6 🗆 O	ther (Specify)		
27. MANNER OF DEATH 1 Natural 5 P	ending	(Month, Day, Yea	RY	28b. TIME C	IY	INJURY AT WORK?		DESCRIBE HOW INJ	URY OCCURE	D
2 Accident	nvestigation	28a. PLACE OF INJ	IRV — At hou	ma farm stra		YES 2 NO				
	could not be etermined	building, etc. (Specify)	ma, imrm, stra	int, factory, i	orrica	28t. L	OCATION (Street and City or Town, State)	d Number or Ru	ural Route Number,
29a. CERTIFIER 1 CERTI	FYING PHYSICIAL	N: To the best of my ki	nowledge de	ath occurred	et the time	data and place and	1 4 1 1 1 1			
										use(a) and manner as stated.
295 SIGNATURE AND TITLE		011				29c, LICENSE				NED (Month, Day, Year)
' KOIKE	Sh	ari	1/10	1. h	1. D	777	01	08	D/0	114191
30. NAME AND ADDRESS OF			DEATH (ITEM	1 27) (Type, Pr	int)	1000		0		1.///
	ora M.E		rs Cor	munit	ty Ho	spital	Lanha	m Maryla	nd 20	0706
	5 1991	32. REGISTRAR'S S Gulia Da	IGNATURE .							

24.

BALTIMORE, MARYLAND 21215-0020

							- 1	31	
1 - STATE REGISTRAR	STATE OF MA	RYLAND / Ce	DEPART	MENT OF CATE OF	HEALTH AND	MENTA	L HYGIENE REG. NO.	0 1	297
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH		3. TIME OF DEATH
HELEN	YOUNG		KING	3		100	23	v91	2:47 P M
4. SOCIAL SECURITY NUMBER 213-30-2648	5. SEX 6.	AGE (In yrs. last		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE	of BIRTH th, Day, Veer) -5-1908	8. BIRT	HPLACE (State or Foreign aryland
9a. FACILITY NAME (If not institution, give	2323	04		h CITY TOWAY	OR LOCATION OF				
	ital At E	astor	- 1	East		DEATH		Calbo	
10a. STATE 10b. COUN	TY		10c. CITY,	TOWN OR LOCA	TION				10d, INSIDE CITY
Maryland Talk	oot		Neav	ritt					1 VES 2 X
				16	H. ZIP CODE		10g.		WHAT COUNTRY?
Box 398	12. WAS DECEDENT EV	/FO 101110 AD	*****		21652			USA	
1 Naver Married 2 Married	FORCES? 1	YES XX	MED	If yea, s	pecify Cuban, Maxie	an, Puarto	N? (Specify Yas or No Rican, atc.)	14. RAC Blac	CE — American Indian, ck, White, atc.
3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES		1 TYE	S 2 XNO Spec	ify:		Spec	White
15. DECEDENT'S ED				UAL OCCUPATI		168	. KIND OF BUSINESS	S/INDUSTRY	
(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	(Gir life.	tve kind of wor Do NOT use r	k done during m etired.)	ost of working		a time or boomes.	JAN DOSTAT	
12	1	Но	mema	ker					
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	AME (First,	Middle, Maiden Sumar	ne)	
Dr. Hugh H. Young						ie Co			
19a. INFORMANT'S NAME (Type/Print)		19b	. MAILING AD	DRESS (Street	and Number or Rura	Route Num	ber, Cify or Town, State	a Zip Code)	
Thomas D. King		В	lox 398	3, Neav	itt, MD 2	1652		, 4,5 00007	
20a, METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Ren				DISPOSITION (N	ame of	DAT	E 20c. LOCATION	N — City or To	own. Stata
4 Donation 5 Other (Specify)	noval from State	Salisbu	natory or other	emator	v	0-25			aryland
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE		1 150	22. NAME A	ND ADDRESS OF F	ACILITY		11 3 , 1.10	ar yaunu
-	>		1		am Funer			D	
23 PART I Enter the diseases or		REER	02	771111			HOCTOD M		
Train is assistant that disdustry of		seemed the steemen	th Decree	200 5.	Harrison	DL.,	Baston, M	D 2100) T
arrock, or ricast lanuta,	List only one cause t	used the dea on each line.	eth. Do not	entar tha mo	oda of dying, au	ch aa card	diac or raspiratory	arreat,	Approximata
IMMEDIATE CAUSE (Final	List only one cause t	used the dea on each line.	eth. Do not	entar tha mo	oda of dying, au	ch aa card	diac or raspiratory	arreat,	
arrock, or ricast lanuta,	List only one cause of	used the dea on each line.	eth. Do not	entar tha mo	marrison	ch aa card	diac or respiratory	D ZIO	Approximata interval Batween
iMMEDIATE CAUSE (Final disease or condition	a. Due to inc	on each line.	uth. Do not	entar tha mo	oda of dying, au	ch aa care	diac or respiratory	D Z100	Approximata interval Batween
iMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions,	a. Due to (ou	AS A COMSEC	wente on	full	marrison	ch aa card	diac or raspiratory	D ZIO	Approximata interval Batween
iMMEDIATE CAUSE (Final disease or condition reaulting in death)	a. Due to (ou	as a consecue	wente on	ful	marrison	ch aa card	diac or raspiratory	D ZIO	Approximata interval Batween
iMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. DUE TO (OR C.	AS A CONSEO	UENCE OF):	full	marrison	ch aa card	diac or respiratory	D ZIO	Approximata interval Batween
immediate CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. DUE TO (OR C.	AS A COMSEC	UENCE OF):	full	marrison	ch aa card	diac or raspiratory	D ZIO	Approximata interval Batween
immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avants resulting in death) LAST	a. DUE TO (OR C. DUE TO (OR d.	AS A CONSECU	UENCE OF):	ful	oda of dyling, au	ch aa care	diac or raspiratory	D ZIOC	Approximata interval Batween
immediate cause (Final disease or condition resulting in dasth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avants	a. DUE TO (OR C. DUE TO (OR d.	AS A CONSECU	UENCE OF):	ful	oda of dyling, au	ch aa care	diac or raspiratory	/ arreat,	Approximata interval Batween Onset and Death j Agent Market Value of the Autopsy Findings
immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avants resulting in death) LAST	a. DUE TO (OR C. DUE TO (OR d.	AS A CONSECU	UENCE OF):	ful	oda of dyling, au	ch aa care	diac or raspiratory 24a. WAS AN AUTOP PERFORMED?	y arreat,	Approximata interval Batwean Onset and Death in Ly Approximate interval Batwean Onset and Death in Ly Approximate interval Batwean Onset and Death in Ly Approximate in Ly App
immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avants resulting in death) LAST	a. DUE TO (OR C. DUE TO (OR d.	AS A CONSECU	UENCE OF):	ful	oda of dyling, au	ch aa care	diac or raspiratory	y arreat,	Approximata interval Batwean Onset and Death in Agriculture in Agr
immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avants resulting in death) LAST	a. DUE TO (OR C. DUE TO (OR d.	AS A CONSECU	UENCE OF):	ful	oda of dyling, au	ch aa care	diac or raspiratory 24a. WAS AN AUTOP PERFORMED?	y arreat,	Approximata interval Batwean Onset and Death in Ly Approximate interval Batwean Onset and Death in Ly Approximate interval Batwean Onset and Death in Ly Approximate in Ly App
immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avants resulting in death) LAST PART II. Other significant conditions.	a. DUE TO (OR C. DUE TO (OR d. ns contributing to dea	AS A CONSECU	UENCE OF):	feed ha undariyin	oda of dyling, au	Part I.	24a. WAS AN AUTOP PERFORMED? 1 YES 25 NO	y arreat,	Approximata interval Batwean Onset and Death in Agriculture in Agr
immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avants resulting in death) LAST	a. DUE TO (OR C. DUE TO (OR d.	AS A CONSECU	UENCE OF):	enter the mo	g causa givan in	Part I.	24a. WAS AN AUTOP PERFORMED? 1 YES 2 NO	y arreat,	Approximata interval Batwean Onset and Death in Agriculture in Agr
iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avants resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? I YES 2 NO. 27. MANNER OF DEATH	a. DUE TO (OR	AS A CONSECUTION OF THE PROPERTY OF THE PROPER	UENCE OF): UENCE OF): DOA 4 28b. TIME O	ha undariyin 28. PI THER: Nursing Hom F 28c. INJ	g causa givan in ACE OF DEATH (C)	Part I.	24a. WAS AN AUTOP PERFORMED? 1 YES 2 NO	esy 24b	Approximata interval Batwean Onset and Death in Agriculture in Agr
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. De filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

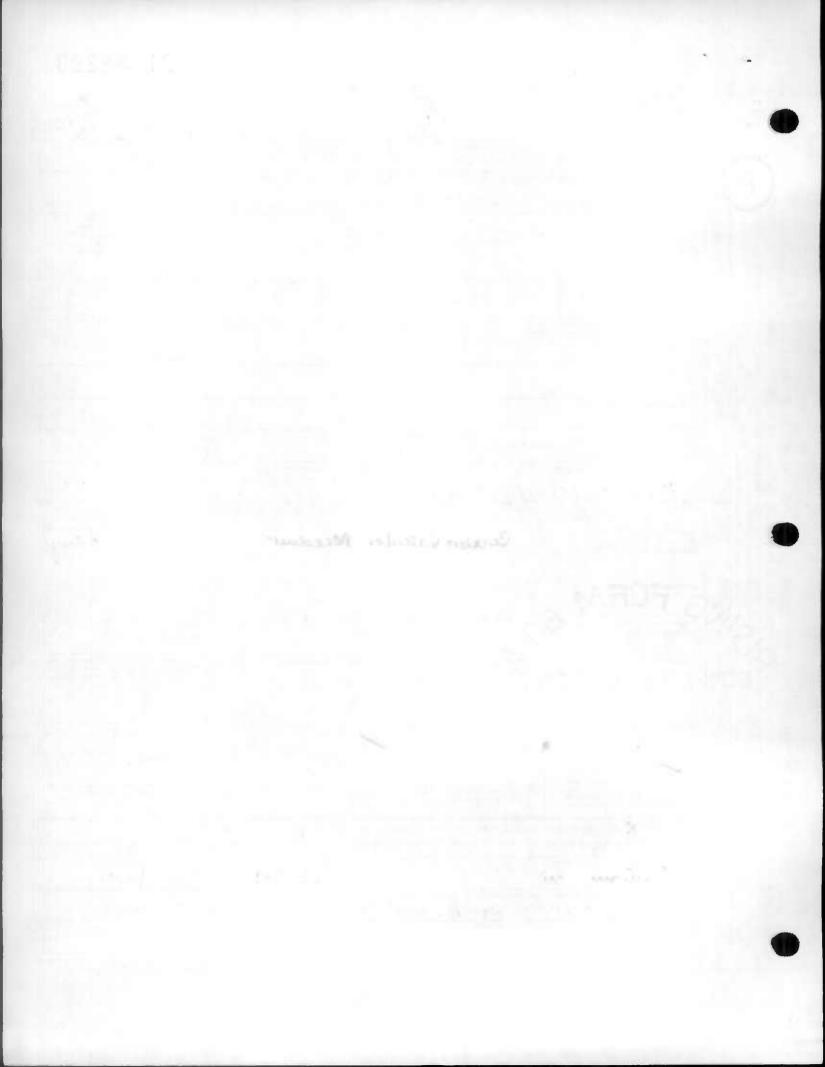
2

31. DATE FILED (MONTH) Peru

'9

32. REGISTRAR'S SIGNATURE
Grand Davidson-Randelle

1 - STATE REGISTRAR		CERTIFI	ICATE C	F DEATH		REG. NO.			
1. OECEOENT'S NAME (First, Middle, Last)		/	IOAIL	DEATH		OF DEATH			TIME OF DEATH
EVELYN	KIRBY	FORD			MONTH	9	C	EAR	X DIM M
	5. SEX 6. AGE (In	yrs. last birthday)	IF UNDER 1 YE		(Month	OF BIRTH n, Day, Year)		BIRTHPL/ Country)	ACE (State or Foreign
220 22 0110	1 - M 2 X F 87	7 YRS.	MONTHS DA	NOONS MIN.	1:	2/5/03	3	Mar	yland
9e. FACILITY NAME (If not institution, give stre			9b. CITY, TOY	VN OR LOCATION OF D	EATH		9c. COUNTY	OF DEAT	TH
Bel Air Convale	escent Cent	ter	Bel	Air			На	rfo	rd
10e. STATE 10b. COUNTY		10c. CITY	Y, TOWN OR LO					10	d. INSIDE CITY LIMITS?
Maryland Ha	arford		Abero	leen					YES 2 NO
137 Osborne Roa	a d			21001				A.	AI COUNTRY?
11, MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS	DECENDENT OF HISPA	NIC ORIGIN	I? (Specify Yae			American Indian,
1 Never Married 2 Merried	2 NO	If yes	, specify Cuben, Mexic YES 2 NO Speci	en, Puerto I			Black, W Specify:	/hite, etc.	
3 Wildowed 4 Divorced									hite
15. DECEDENT'S EDUCA (Specify only highest grade of	ompleted)	16a. DECEDENT'S (Give kind of w life. Do NOT us	work done during	PATION If most of working	16b	. KIND OF BUSI	NESS/INDUS	TRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)		nemake	er		In h	nome		
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S N.	AME (First, I	Middle, Maiden S	umame)		
Harry Kirl	оу			Ma	ary	Mason			
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Str	eet and Number or Rural	Route Numi	ber, City or Town,	State, Zip Co	ode)	21050
Elizabeth B. I		1953	3 Graf	ton Shop	o Ro	ad, Fo	orest	Hi	11,MD
20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Remo	val from State	place of dispos other place) Spesuti	SITION (Name o	cemetery, crematory or		20c. LOC	ATION - CII	y or Town,	, State
4 Donation 5 Other (Specify)		spesuci		E AND ADDRESS OF F	ACILITY	leer.	ymai	1, 11	aryland
H 1 H 1/	and had	· alan		rring-Ca			cal E	Iome	
RUSLENGER	TX / / / / // //	0 / W W W				3 3			
22 DADT i Enter the diseases or or	mplications that caused	the deeth Do o		erdeen,					3399
	omplications that caused ist only one cause on ea								Approximate interval Between
shock, or heart fellure. L IMMEDIATE CAUSE (Finel disease or condition	ist only one cause on ea	ch line.	not enter the	mode of dying, au	ch as can				Approximate
shock, or heart fellure. L IMMEDIATE CAUSE (Finel	ist only one cause on ea	on line.	not enter the		ch as can				Approximate interval Between
shock, or heart feilure. L IMMEDIATE CAUSE (Finel disease or condition resulting in death)	ist only one cause of ea	on line.	not enter the	mode of dying, au	ch as can				Approximate interval Between
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	1. DECEDENT'S NAME (First, Middle, Last		UREN				2. DATE	OF DEATH	DAY / - 9	YEAR	3. TIME OF DEAT	H 3 M
	4. SOCIAL SECURITY NUMBER 251-52-6547	5. SEX	6. AGE (In yrs. Ias	-	IF UNDER 1 YEAR WONTHS DAYS	HOURS MIN.	7. DATE	of BIRTH th, Day, Year) Y 23,	1927	Countr	PLACE (State or Form) TH CAROI	-
DINECTOR	RESIDENCE OF DECEDENT	WD HE	SPITAL		01	OR LOCATION OF D	EATH		Pr. COU	NTY OF D	= BEO	NEC
- 1	MARYLAND ST.	MARY'S			TOWN OR LOCAL	PARK					10d. INSIDE CITY LIMITS? 1 VES 2	NO
DITENDE	110 NATIONAL MOB					20653				S.A.	VHAT COUNTRY?	
5	11. MARITAL STATUS 1 Naver Married 2 Married 3 Wildowed 4 Divorced		T EVER IN U.S. AR YES 2 (1) WAR OR DATES		It yea, sp	CENDENT OF HISPA Decify Cuban, Maxic 3 2 NO Speci	an, Puarto	N? (Specify Ya Rican, atc.)	s or No—	Bieck	— American India c, White, atc.	n,
	15. DECEDENT'S ED (Specify only highest grad Elamentary/Secondary (0-12) 8TH GRADE	UCATION de completed) College (1-4 or 5	(G	Do NOT use	SUAL OCCUPATION And American MAKER	ON ost of working	168	E. KIND OF BU		USTRY		
	17. FATHER'S NAME (First, Middle, Lest) WALTER SHEALY	, SR.				18. MOTHER'S NA ROSA			Surname)			
	198. INFORMANT'S NAME (Type/Print) ELOIS HAYWOOD LAW	RENCE	190	0. MAILING AI	DDRESS (Street &	and Number or Rural OBILE HO	Route Num	ber, City or Tow	vn, State, Zip	Code) ON P.	ARK, MD.	20
	20a. METHOD OF DISPOSITION 1	noval from State	20b. PLACE A	ND DATE OF	DISPOSITION (NE or place) ORY		/12/9		ENTON		wn, Stata RYLAND	
	11. HONDIAN OF FUNERAL SERVICE Mchael 23. PART F. Enter the diseases, pr	complications that	dener	ath. Do not	MATTIN P.O. E	ND ADDRESS OF FA NGLEY-GAP BOX 270,	RDINE	R FUNE	ERAL I	HOME ARYT.	, P.A. AND 206	-
	23. PART /. Enter the diseases, or ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	complications that List only one cause. DUE TO b. DUE TO C.	t caused the de lae on each line On as a consecutive	JP DUENCE OF):	MATTIN P.O. E	GLEY-GAI	RDINE	R FUNE	ERAL I	HOME ARYT.	, P.A.	te tween
	23. PART /. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. DUE TO d. DUE TO	t caused the de lae on each line (OR AS A CONSECTION AS A CONS	DUENCE OF): UENCE OF):	MATTIN P.O. E t enter the mo	NGLEY-GAF BOX 270, ade of dying, such	RDINE LEON th as care	R FUNE	ERAL I	HOME ARYL, est,	, P.A. AND 206	te tween Death Death
	23. PART /. Enter the diseases, or shock, or heart failure immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant conditions in death in the conditions in death in the conditions	a. DUE TO d. DUE TO	t cauaed the de lae on each line On As A CONSECTION AS A CONS	DUENCE OF): UENCE OF):	MATTIN P.O. E t enter the mo	NGLEY-GAF BOX 270, ade of dying, such	RDINE LEON LEON Part I.	24a. WAS AN PERFOR	ERAL I	HOME ARYL, est,	P.A. AND 206 Approxima interval Be Onset and O	te tween Death Dings 0
	23. PART J. Enter the diseases, or shock, or heart failure immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infiltated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigation	complications that List only one cause. B. DUE TO b. DUE TO c. DUE TO d	t caused the de lae on each line OR AS A CONSECTION (OR AS A CONSECTIO	DOA 4	THER: Nursing Hom GLEY-GAF BOX 270, Inde of dying, such graph cause given in ACE OF DEATH (Ch. 5 Rasidenca UNY AT RKY (ES 2 NO	Part I.	24a. WAS AN PERFOR	AUTOPSY NO	HOME ARYL, est,	P.A. AND 206 Approxima interval Be Onset and O	te tween Death Dings 0	
	23. PART /. Enter the diseases, or shock, or heart failure immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigation investigation ginvestigation of datarminad	Complications that List pnly pne cause. B. DUE TO b. DUE TO c. DUE TO d. D. D. DUE TO d.	t caused the de lae on each line (OR AS A CONSECTION OF THE CONSE	UENCE OF): UENCE OF): UENCE OF): UENCE OF): 29b. TIME C INJUR 10th occurred of the occurr	the underlying 26. PL The state of the underlying 26. PL The state of the underlying 26. PL The state of the underlying 27. In the underlying 28. In the underlying The state of the	GLEY-GAF SOX 270, Inde of dying, aud and of dying, aud and place, and dua and place, and dua	Part I. Part I. 28d. DEs	24a. WAS AN PERFOR 1 YES 2 ATION (Street as or Town, State)	AUTOPSY ANDERY OCC NUMBER AUTOPSY AMED? NO NUMBER NO NUMBER AUTOPSY AMED? AUTOPSY AMED. A	ARYL, est, 24b. URED or Rural Ru	P.A. AND 206 Approxima interval Be Onset and O	te tween Death Death Double Do

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

d in by the funeral director, page 5 should be detache or removal.	round drive deader. I age o may be retained by me nospilal of	Done offer death Dane & may be retained by the bearing as
	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
_	CERTIFICATE OF DEATH	REG. NO.

1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM	MENT OF H	EALTH AND DEATH	MENTAL HYGIEN		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	,	3. TIME OF DEATH
EUGENE		LUCKETT			Nov. 11	1991	
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	l a Bi	RTHPLACE (State or Foreign
579-12-1356	1- M 2 D F 7		NTHS DAYS	HOURS MIN.	(Month, Day, Year)	Co	Washington
9e. FACILITY NAME (If not institution, give st	treet and number)	91	b. CITY. TOWN C	R LOCATION OF D	une 25,	1920 9c, COUNTY O	- Washington
1080 Poplar T	ree Drive	Della Till		apolis	eatt.		
RESIDENCE OF DECEDENT	100 21110		401111	a norra		Anne	Arundel
10e. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	ION			10d. INSIDE CITY
Maryland Ar	ne Arundel	Anı	napoli	9			LIMITS?
10e. STREET AND NUMBER				ZIP CODE		10g. CITIZEN C	F WHAT COUNTRY?
1080 Poplar Tr	ree Drive			21401		U.S.	Δ
11. MARITAL STATUS	12. WAS DECEDENT EVER IN	J.S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Ya		ACE — American Indien, lack, White, etc.
1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES			2 NO Specia	y:		lack, White, etc.
3 X middwed 4 Divorced	WWII					10.00	iite
15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	(Give kind of work	done during mos	N st of working	186. KIND OF BU	ISINESS/INDUSTR	Y
Elementary/Secondery (0-12)	College (1-4 or 5+)	life. Do NOT use re	tired.)	n or wortung			
8		Conduc	ctor		Rai	lroad (Company
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maider		
Harry Jay Luc	kett			Marv	Elizabe	th Eckl	off
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a		Route Number, City or Tov		
Stephen W. Luc	kett	1004 N	ladron	e Ave.	Mare Is:	land. (A 94592
20e. METHOD OF DISPOSITION 1 Burlal 2 Commetter 3 Ramo	20b. P	LACE AND DATE OF D	ISPOSITION /Na	me of	PAYET 520c. LC		
4 Deniation 5 Other (Specify)		ry, crematory or other	can Cr	emator			ria, VA
21 SIGNATURE OF FUNERAL SÉRVICE LIS	ENGEE //		22, NAME AN	D ADDRESS OF FA	CILITY		
tomplet S.	Juy for		Taylo 147 G	r Fune louces	ral Chapter St.,	el Annapo]	21401 lis,MD
23. PART I. Enter the diseases, pr c	omplications that caused i	he death. Do not	enter the mod	de of dyling, euc	h ae cardiac or resp	elratory erreet,	Approximete
IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	a. Cardia		1811	nu			Intervel Between Oneet and Death
	DUE TO (OR AS A C	ONSEQUENCE OF):	-2/2	./,			
Sequentielly liet conditions,	090)	1019 0	1201	Mis	ar		
If eny, leading to immediate ceuse. Enter UNDERLYING	DUE TO (OR AS A C	ONSEQUENCE OF):	V				
CAUSE (Diseese or Injury	DUE TO (OR AS A C	ONE COLUENOS OF					
thet initieted events resulting in deeth) LAST	DOE TO (ON AS A C	ONSECUENCE OF):					
	l,						
PART II. Other eignificent conditions	contributing to death but	not-resulting in the	he underlying	cause given in	Part I. 24e. WAS AN	AUTOPSY	4b. WERE AUTOPSY FINDINGS
Emphyson	me mas	1 nhow	1 m	5/11/6	PERFO	RMED?	AVAILABLE PRIDE TO COMPLETION DF CAUSE
HINDING	The state of the s	A SE STOR	10	Variety	1 TYES	NO	DF DEATH?
- William							1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL							
EXAMINER?	HOSPITAL:	01	Z6. PL	ACE OF DEATH (Ch	eck only one)		
1 — YES 2 — NO 27. MANNER OF DEATH	1 Inpetiant 2 I ER/Outpati	ent 3 DOA 4	Nursing Homa		6 Other (Specify)		
1 Natural 5 Pending	(Month, Day, Year)	28b. TIME OF		IRY AT RK?	28d. DESCRIBE HOW	NJURY OCCURED	
2 Accident Investigation				ES 2 NO			
3 Suicida 8 Could not be	28e. PLACE OF INJURY — building, atc. (Specify	At home, ferm, stree	t, fectory, office		28f. LOCATION (Street City or Town, State)	and Number or Run	al Route Number,
4 Homicide datarmined					on, or nown, orano,		
29a. CERTIFIER (Check only	CIAN: To the beat of my knowled	ga, death occurred at	the time, data	end pleca, end dua	to the cause(s) and ma	nner se eteted	
one) 2 MEDICAL EXAMINER	: On the besis of exemination s	nd/or Investigation, in	my opinion, de	ath occured at the	time, date and place, ar	nd due to the ceus	e(e) and manner se stated
29b. SIGNATURE AND TITLE OF CERTIFIER							
Bnew M.	m totall	mh		DIAY	CO	29d. DATE SIGN	ED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DECI	H HTEM AT CT		011/	30	11-1	5 7/
205 2109	ell Aire	Pin Pin	apole	0 19	regory	itchel	J., M.D.
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT	VRED /		- /		10/	
NOV 1 5 1991 A	the Davidson-Many						

the state of			
New York And			III Lettery and
		AV I BOTT T	
			27.7
	noter retail		
the landing that I			
Lamile and American		and the state of	•
AND DESCRIPTION OF THE SAME			
The wing Lieday's reco			

3760, BALTIMORE, MARYLAND 21215-0020	ited within 24 nours after death. Page 6 may be retained by the hospital or attending physic	completely filled in by the funeral director, page 5 should be detached for use as the burial- ial, cremation, or removal.	c event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit p be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O.

1 - STATE REGISTRAR		OINIE OI	(ICATE (F DEAT		MEHIN	REG. NO			
1. DECEDENT'S NAME (First	t, Middle, Last)								OF DEATH			3. TIME OF DEATH
GRACE H	OPKIN	SLYONS						MONT		AY L	YEAR	7:06 pM
4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1 YE		24 HRS.	7. DATE	OF BIRTH		S. BIRTH	IPLACE (State or Foreign
219-36-7355		1 🗆 M 2 💢 F	77	YRS.	MONTHS DA	YS HOURS	MIN.	2.	h, Day, Year)	14	Count	ryland
9e. FACILITY NAME (If not in	nstitution, give s	treet and number)			9b. CITY, TO	WN OR LOCATIO	ON OF DE	EATH		-	NTY OF D	
MERIDIA		E PINES			EAS	TON,	MD			Т	ALB	OT
10e. STATE	10b. COUNTY		1	1000	Y, TOWN OR L	OCATION						10d. INSIDE CITY LIMITS?
Maryland	Talbo	t		Eas	ston							YES 2 NO
627 South St						101. ZIP CODE 21601				USA	ZEN OF	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 3 Wildowed 4 Divi	Merried orced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	T EVER IN U.S. YES WAR OR DATES		It ye	DECENDENT O s, specify Cubar YES 2 NO	n, Maxice	n, Puerto		e or No—	Spec	E — Americen Indien, k, White, atc. illy:
15. DEC (Specify on Elementery/Secondary (by highest grade	CATION completed) College (1-4 or 5	+)	(Give kind of life. Do NOT u	ise retired.)	g most of workin			. KIND OF BU	SINESS/INC	USTRY	
17. FATHER'S NAME (First, A	Aiddle, Last)	X		meipa	TI STOC	ot Coun			Middle, Maiden	Sumama		
						_			_	- Surraine)		
Harry Hop				19b. MAII IN	G ADDRESS /Sr	reet and Number		e Di	_	vn Stete 7te	Code	
		20									0.00	0.1
Linwood G.			20h Pl A		E OF DISPOSIT	Washing	TOU	SI.		D. MIL		
20a METHOD OF DISPOSIT 1 Burlet 2 Cremett 4 Oonetlon 5 Othe		oval from State	of cemet	ary, cremator,	y or other place)		1	10			
21. SIGNATURE OF FUNERA		CENSEE	Sprin	g HIII	Cemet	ELY ME AND ADDRES	SS OF FA	CILITY	Last	on, M	LD 4.	1001
	-			1	Nev	wnam F			ome			
		R. ME				S. Harr						01
23. PART I. Enter the c shock, or h		complicatione the List only one cer			not enter the	mode of dyl	ing, suc	th ss csr	disc or rasp	elratory sn	rest,	Approximate Interval Between
IMMEDIATE CAUSE (FI disease or condition resulting in death)					neu	mon	ia					Onset end Death
resulting in death)		00e 10	OR AS A CON	SEQUENCE C	OF):							0
Sequentially liet condi	ediate	a Ole 16	HOM AS A COM	MEDIENCE C	is du	bear	عد					Uncerta
cause. Enter UNDERLY CAUSE (Disease or Inj that initiated events resulting in death) LAS	ury	6. DUE TO	(OR AS A CON	BEQUENCE C	OF):							
		d.										
PART II. Other signific	ent condition	ns contributing to	death but no	ot resulting	In the under	riying cause (given in	Part I.	24a. WAS AI PERFO	RMED?	24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
VI-the I					3							1 YES 2 NO
						-						
25. WAS CASE REFERRED	TO MEDICAL					6. PLACE OF D	EATH (C	heck only o	ne)			
EXAMINER?		HOSPITAL:	ER/Outpatien	t 3 🗆 DOA	OTHER:	Home 5 🗆 Re	eeldence	s 🗆 Oth	er (Specify)			
27. MANNER OF DEATH		28e. DATE O	F INJURY Day, Year)	28b. Til		c. INJURY AT WORK?			SCRIBE HOW	INJURY OC	CURED	
1 Netural 5	Pending Investigation	(MONT), (ouy, rour)	IIV		VES 2	NO					
• 🗆 • • • • • • • • • • • • • • • • • •	Could not be determined		OF INJURY — A, etc. (Specify)	t home, term,	street, factory,	office		28t. LO	CATION (Street or Town, State	and Numbe	r or Aurai	Route Number,
290. CERTIFIER	TIEVING DUVE	ICIAN: To the best of	d mu knowleda	doeth cor	read at the time	data and air	and d	to the			dad	
Condon only												(s) and manner as stated.
				mreaugat	on, in my opin				e end piece, e			
296. SIGNATURE AND TITLE ROBERT	E OF CERTIFIE	Treve	7, M	. D.			I O	MBER 939	3			0 (Month, Day, Year) 25-9
30. NAME AND ADDRESS (OF PERSON WI	O COMPLETED CAL	SE OF DEATH	(ITEM 27) (Typ	e, Print)			Α.	- 11			
7696	Oce	on Go	tou	ray	Eas	ston	, 1	Md	,216	100		
31. DATE FILED (Month, Day	, Year)	O1 32. REGISTR	AR'S SIGNATUR	The Thomas	loca							

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BALTIMORE, MARYLAND 21203-3146

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR	0.7.1.2 01 11.7.11.1	CERTIFIC	CATE OF	DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last		191			2. DATE O	OF DEATH		EAR 3.	TIME OF DEATH
CATHERINE IR	ENE LOWMA	N			11	2	1991	1271	6:00PM
SOCIAL SECURITY NUMBER		E (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O	F BIRTH Day, Year)	8.		ACE (State or Foreign
214-32-0428	1 M 2 F	71 YRS. "	IONTHS DAYS	HOURS MIN.	12	29 19		Mary	land
e. FACILITY NAME (If not institution, give			9b. CITY, TOWN	OR LOCATION OF DE	11.44	20 10	9c. COUNTY		
Rt. 311			Mary	del			Carol	ino	
RESIDENCE OF DECEDENT		1					Ouror		
Maryland 106. COUN	Caroline		TOWN OR LOCA	TION				10	d. INSIDE CITY LIMITS?
	Caronne	IV	larydel						YES 2X NO
On. STREET AND NUMBER Rt. 311			10	21649				OF WHA	AT COUNTRY?
1. MARITAL STATUS	12. WAS DECEDENT EVER	IN II S ARMED	13 WAS DE	CENDENT OF HISPAI	NIC ORIGIN?	(Specify Year	USA or No.— 14	BACE -	- American Indian.
Never Married 2 X Married Widowed 4 Divorced	FORCES? 1 YE	S 2 XNO	If yes, s	pecity Cuban, Maxica S 2 XNO Specif	in, Puerto Ri				White, etc.
15. DECEDENT'S ED	UCATION	18a. DECEDENT'S U	SUAL OCCUPAT	ION	16b.	KIND OF BUS	INESS/INDUS	TRY	
(Specify only highest grad	College (1-4 or 5+)	(Give kind of wo	ork done during m retired.)	ost of working					
8		Sales Rep	D.		Но	me Ca	re Pro	duct	e
7. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA				MILLONI	
George Melvin Fa	ulkner, Sr.			Agn	es Elv	a Ross	5		
9a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	ADDRESS (Street	and Number or Rural				ode)	
Marvin J. Lowman	, Sr.	P.O. 1	Box 42.	Marydel.	MD 2	1649			
0a. METHOD OF DISPOSITION	2	tob. PLACE OF DISPOSIT				- T	ATION — City	y or Town	, Stata
Burial 2 Cremation 3 Re			s Ceme	tory 11.	-6	Roule	ah, MI	1	
1. SIGNATURE OF FUNERAL SERVICE I	JCENSEE	Ad. Veteran	22. NAME /	ND ADDRESS OF FA	CILITY	Dear	1414 1414.	,	
)	. MERCE		New	nam Fune	ral Ho	ome			
MMEDIATE CAUSE (Fine) disease or condition resulting in death)	a. Carcius DUE TO (OR AS		- pai	ncven	>				Onset end De
	DUE TO (OR AS	S A CONSEQUENCE OF)	: 0						
Sequentially list conditions, if any, leeding to immediate	b DUE TO (OR AS	S A CONSEQUENCE OF)							
cause. Enter UNDERLYING CAUSE (Disease or Injury	C								
that initiated events resulting in death) LAST	DUE TO (OR AS	S A CONSEQUENCE OF)	:						
	d								+
PART II. Other significent condition	ons contributing to death	but not resulting in	the underlyi	ng ceuse given in	Part I.	24a. WAS AN			FRE AUTOPSY FINDIN
						1 YES 2	□ NO		COMPLETION OF CAUS
								1	YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	WOODING:			PLACE OF DEATH (C/	heck only one	9)			
1 YES 2 NO	HOSPITAL:		OTHER: 4 - Nursing Ho	me 5 Rasidence	8 🗆 Other	(Specify)			
27. MANNER OF DEATH	28a. DATE OF INJUR (Month, Day, Year		OF 28c. IN	JURY AT	28d. DE\$	CRIBE HOW IN	JURY OCCU	RED	
1 Natural 5 Pending 2 Accident Investigation		, , , , ,		YES 2 NO					
3 Suicide 8 Could not b 4 Homicide datermined	28s. PLACE OF INJU building, etc. (S	IRY — At home, farm, st pecify)	treet, factory, off	ice	28f. LOCA City o	ATION (Street a or Town, State)	nd Number or	Rural Rou	ute Number,
(CHOCK ONly	SICIAN: To the best of my kn								and manner as states
11	1		., my opinion,					,	1
HIL SIGNATURE AND TITLE OF CERTIF		IAH		29c(LICENSE NU	CLILL	1	29d. DATE 5	SIGNED (N	Month, Day, Year)
William /	Juzuel	1011)	1 10 5	.44	+	- 11	1+1	141
William J. Bar				e. Easton	. MD	21601			
1. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI			-, 2000011	7				
NOV - 4 1991	Sulia David	son-Randall							

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 29-mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transple filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

6

DHMH-18 Rev 1/89

		OUIS	st, Middle, Last)		T 2 - 4-			2. DATE OF DEAMONTH		9 ^{VEAR}	3. TIME OF DE
		SOCIAL SECURITY NUM	MBER	Howard S. SEX S. AGI	List	ET UNDER 1 YE	EAR IF UNDER 24 HRS.	7. DATE OF BIRT			2:45
1	21	13-01-8297		18440	80 YRS.		HOURS MIN.	(Month, Day, Ve	ear)	Country	_
1	9a.	FACILITY NAME (If not	Institution, give	street and number)		9b. CITY, TO	WN OR LOCATION OF			UNTY OF DE	aryland EATN
- 6		lemorial		spital		Eas	ton		Ta	1bot	
JRECT	10a.	STATE	10b. COUNT		10c. CITY	, TOWN OR L	OCATION				10d. INSIDE CIT
10		aryland	Talb	ot	East	on					LIMITS?
BAI	10e.	STREET AND NUMBER		0			101. ZIP CODE 21601			TIZEN DF W	NAT COUNTRY?
FUNERAL	11. 1	MARITAL STATUS	Avenu	12. WAS DECEDENT EVER	IN U.S. ARMED	13 WAS	DECENDENT OF NISP	ANIC ORIGINS (Co.o.)	USA	T 44 B 405	
BY FI		Never Married 2X		FORCES? 1 YES	S 2 NO	It ye	s, specify Cuban, Maximum YES 2X NO Spec	can, Puarlo Rican, at	c.)	Black, Specifi	- American Inc. White, etc.
ED B		Widowed 4 Div									ite
ETE		(Specify or (Specify or Elamentary/Secondary	CEDENT'S EDU	e completed)	(Give kind of w life. Do NOT use	rock done durin	PATION g most of working	16b. KIND O	F BUSINESS/IN	DUSTRY	
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TO BE		Jerome B.	Lister			57	Emily				
2	198.	rgiria W. I			196. MAILING	ADDRESS (Str	eet and Number or Rura	Route Number, City of	or Town, State, Zi	ip Code) .	
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וותאר חב	1X	Burial 2 Cremati	Ion 3 🗆 Ram	noval from Stata Ce	emetery, crematory or oth	her place)	al Park 1		c. LOCATION -		vn, Stata
CYGUING	21, 5	SIGNATURE OF FUNER	AL SERVICE LI	CENSEE	OUGIAWII IV	22. NAM	E AND ADDRESS DF F	ACILITY	ston N	ID.	
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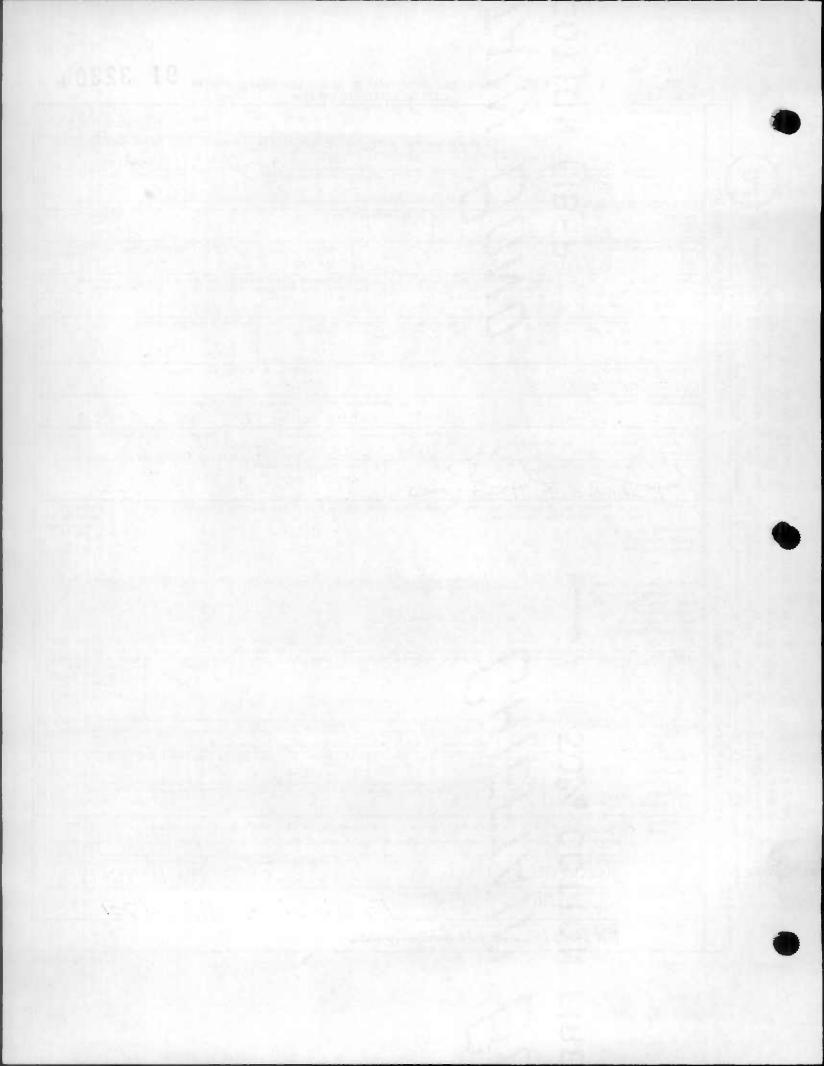
TOT 8 STORT

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

91	3	2	3	0	I

	REGISTRAR		CERTIFIC	CATE	OF DEATH		G. NO.					
	1. PECEDENT'S NAME (First, Middle, Las Dorothy George)		2. CATE OF DEATH RIGHTH DAY NOVEMBER 12,1991 3. TIME OF DEATH 10:07pm									
	4. SOCIAL SECURITY NUMBER 217-30-6782A	5. SEX 6. AGE	AR IF UNDER 24 HRS.	7. DATE OF BIRTH (Morith, Dev. Year) April 25, 1896 Missouri								
DR	96. FACILITY NAME (If not Institution, give street and number) Citizens Nursing Home 96. CITY, TOWN OR LOCATION OF DEATH Frederick, Maryland 9c. COUNTY OF DEATH Frederick											
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUP			TOWN OR LO				10d, INSIDE CITY				
	MD Free	derick	tree	derick	101, ZIP CODE		10g. CITIZEN OF WHAT CO					
FUNERAL	8017 Devilbiss	Bridge Rd.	IN II C ADMED	42 1446	21701 DECENDENT OF HISPAI	UIC OBIOING (C.	USA BIN? (Specify Yes or No.— 14. RACE — American Indian.					
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES	S 2 X NO	If yes	yes 2 NO Specific	n, Puarto Rican,						
LETED	15. DECEDENT'S E (Specify only highest gra Elementary/Secondary (0-12)		16a. DECEDENT'S U (Give kind of we life. Do NOT use	ork done during	of Business/INDU							
COMPLET	17. FATHER'S NAME (First, Middle, Last) John Georgen		July	ounce.	18. MOTHER'S NA Adele 1	ME (First, Middle,						
BE (19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Str			ZNZ umber, City or Town, State, Zip Code)					
10	Robert E. LaFor						1. Frederick, MD 21701					
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Re 4 Donation	emoval from State	ob. PLACE OF DISPOSI	TION (Name o	tory 11-	13_01	20c. LOCATION - C	Ity or Town, State				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Davis Funeral Home Rt. 3 Box 78 Smithshutg MD 21783 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, interval Batw interval Batw											
	iMMEDIATE CAUSE (Final disease or condition reaulting in death)			Onset and								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):											
MEDICAL	PART II. Other algolificant condit		24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AMAIL COMP OF DE 1									
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:											
PHYS	1 YES 2 NO 1 Inpatient 2 ER/Outpatiant 3 DOA 4 Nursing Home 5 Realdence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) INJURY WORK? 28c. INJURY A 28d. OESCRIBE HOW INJURY OCCURED INJURY WORK?											
ВУ Р	1 Natural 5 Pending 2 Accident Investigation											
ETED I	3 Suicide a Could not 4 Homicide datarmined		CATION (Street and Number or Rural Route Number, y or Town, State)									
COMPLE	29a. CERTIFIER (Check only one) 2											
ш ш	296. SIGNATURE AND TITLE OF CERTUPER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. DATE SIGNED (Month, Day, M											
5	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF	OEATH (ITEM 27) (Typo,	Print)	ederi	c.K.	md. a	1701				
	31. DATE FILED (Month, Day, Year)	10 1 32. REGISTRAR'S SI	GNATURE	70		/						



FOR

DS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physicia	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trop be filed within 72 hours after death with the State Oppt. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It liem 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notifiled at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ENOING PHYSICIAN; The law requires that the death	OR: After this certificate has been signed by the attender death with the State Oept. of Health and Mental H	3 is marked, or item 23 shows any injury, or
DIVIE	TO THE HOSPITAL OR ATT	TO THE FUNERAL DIRECTO	IMPORTANT: It item 28

December's Make Frox, Mode, Lard Miller Substitution Subst	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART				YGIENE	C long 1	000		
Miller Val. SOOAL SECURITY NUMBER S. SEX A. ADE (P. yr. last bringing) Flower 1 14 1 1000 S. BETTLE CO. DO S.	ECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH 3. TIME OF DEATH							
4. SOURCE SCURITY SUMBER 19.0—16—2651 1. ** ** ACRETY MANE (If not introduce) the same and numbers 19. CITY, TOWN ON LOCATION OF DEATH 19. CITY, TOWN ON LO	Minerva	Ellen	Mil	ler				YEAR	1:50	p	
EXPORTED MARK (First imministory for parties and number) SE, RECLIFY MARK (First imministory for parties and number) SE, NERTY 'S HOSPITAL LEONARD DECEDENT SE, NARRY 'S SEL MARRY S SEL MAR	OCIAL SECURITY NUMBER	5. SEX 6. AGE				7. DATE OF BI	RTH	8. BIRTHPL		_	
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10.0 Lexwood Drive Apt #6A 20.653 10.20 20.653 U.S. A.			10c. CITY,	TOWN OR LOCA	TION			10d. INSIDE CITY			
10. Lexwood Drive Apt. #6A 20.653 U.S.A. 11. MARITAL STATUS PORCET 1 For \$3.2 Km The second provided of the second provided by the s	ryland St. 1	Mary's	Les	kington	Park			t TYES 2 NO			
1. MANTEL STATUS Commended 1. MANTEL Commended							10g. CITIZ	EN OF WHA	AT COUNTRY?		
I yes, specify Colean, Marken, Pauto Rean, etc.) Stock, Willia, atc. Specify Colean, Marken, Pauto Rean, etc.) Stock, White, atc. Specify Colean, Marken, Pauto Rean, etc.) Stock, White, atc. Specify Colean, Marken, Pauto Rean, etc.) Specify Colean, etc.)				0.0							
S. DECEDENT'S EDUCATION The Complete of the Court of	Never Married 2 Married	FORCES? 1 TYES	2 X NO	It yea, ap	ecify Cuban, Mexica	n, Puarto Rican,	ecify Yea or No— atc.)	14. RACE — American Indian, Black, White, atc. Specify: White (INDUSTRY)			
Elementary Secondary (9:17) College (14 or 5 -) Homemaker Home	15. DECEDENT'S EDU	CATION	16a. DECEDENT'S US	UAL OCCUPATION	ON	16b. KIND	OF BUSINESS/INDL			-	
15. MOTHER'S NAME (Pirst, Model, Last) 16. MOTHER'S NAME (Pirst, Model, Maleon Surrame)			life. Do NOT use i	retired.)	ist of working						
Marion C. Marchand Caroline Mae Mitchell 190. MALLING ADDRESS (Street and Number or Rural Roune Number, Cay or Town, Stein, Zap Code) Patsy Rae Baller 300. MEMOR of Possposition 1) Referred 2 (Street and Number or Rural Roune Number, Cay or Town, Stein, Zap Code) 200. MEMOR of Possposition 1) Referred 3 (Street and Number or Rural Roune Number, Cay or Town, Stein, Zap Code) 1) Referred 2 (Street and Number or Rural Roune Number, Cay or Town, Stein, Zap Code) 1) Referred 3 (Street and Number or Rural Roune Number, Cay or Town, Stein, Zap Code) 1) Referred 3 (Street and Number or Rural Roune Number, Cay or Town, Stein, Zap Code) 1) Referred 4 (Street, California, Penns) 21. SIGNATURE 6 PENNEAR SERVICE LICENSES Value			Homema	ker		Н	Home				
190. MALENG ADDRESS (Street and Number of Partit Routis Number, City or Year, Stein, Zip Code) Patsy Rae Baller 190. MALENG ADDRESS (Street and Number of Partit Routis Number, City or Year), Stein, Zip Code) BOX 246, Tall Timbers, Maryland 20690 10					18. MOTHER'S NA	ME (First, Middle.	Maiden Surname)				
Patty Rae Baller Box 246, Tall Timbers, Maryland 20690 20s. NETHOD OF DEPOSITION 1 12s. PLACE AND DATE CONCEPTION 1 12s. PLACE AND DATE CONCEPTION 1 21s. SURVATURE for Funestion 3 Other (Specify) 12s. SURVATURE for Funestion 1 22s. PLACE OF DEATH (Check only only only only only only only only		nd									
200. PLACE AND DATE OF DISPOSITION 120. LOCATION City or Town, State 200. PLACE AND DATE OF DISPOSITION Manual pictor 200. LOCATION City or Town, State 200. LOCATION											
1 Removal 2 Cremation 3 Removal trom State 4 Constitute 3 Cother (Specify) Highland Cemetery Light State And Address of Facility Mattingley—Gardiner Funeral Home, P.J. P.O. Box 270 Leonardtown, Maryland 22 NAME AND ADDRESS OF FACILITY Mattingley—Gardiner Funeral Home, P.J. P.O. Box 270 Leonardtown, Maryland P.O. Box 270 Leonardtown, Maryland P.O. Box 270 Leonardtown, Maryland Apprinter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. International Cemeter of the mode of dying, such as cardiac or respiratory arrest. International Cemeter of the mode of dying, such as cardiac or respiratory arrest. International Cemeter of the mode of dying, such as cardiac or respiratory arrest. International Cemeter of the mode of dying, such as cardiac or respiratory arrest. International Cemeter of the mode of dying, such as cardiac or respiratory arrest. International Cemeter of the mode of dying, such as cardiac or respiratory arrest. International Cemeter of the mode of dying, such as cardiac or respiratory arrest. International Cemeter of the mode of dying, such as cardiac or respiratory arrest. International Cemeter of the mode of dying, such as cardiac or respiratory arrest. International Cemeter of the mode of dying, such as cardiac or respiratory arrest. International Cemeter of the mode of dying, such as cardiac or respiratory arrest. International Cemeter of the mode of dying, such as cardiac or respiratory arrest. International Cemeter of the mode of dying, such as cardiac or respiratory arrest. International Cemeter of the mode of dying, such as cardiac or respiratory arrest. International Cemeter of the mode of dying, such as cardiac or respiratory arrest. International Cemeter of the mode of dying, such as cardiac or respiratory arrest. International Cemeter of the mode of dying arrest. International Cemeter of the mode of dying arrest. International Cemeter of the mode of dying arrest. International Cemeter o											
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Mattingley-Gardiner Funeral Home, P. J. P. J. Box 270, Leonardtown, Maryland 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. Application of the process of conditions of the cause of			ghland Ce		ID ADDRESS OF EA	CIR CTV	Californ:	ia, P	ennsylv	7ar	
23. PART I. Finite the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, hobox, or heart failura. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) PART II. Other significant conditions. If any, leading to immediate cause, enter INDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): 28. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO DIFFERENCE OF DEATH (Check only one) 29. SAND CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 20. WERE AUTOON THER: 1 Notion 5 Pending Investigation and be determined of the publishing, sic. (Specify) 29. CERTIFIER (ORK ON) 1 NOTHER: 29. CERTIFIER DEATH (Check only one) 20. ACCIONATION PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29. SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	M. 1 17	24 1.	- x				Funeral	Home,	P.A.		
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25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural Solicides Investigation Investigation and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29a. CERTIFIER Check only one) 29b. SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF INJURY AT WORK? 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Day, Day, Day, Day, Day, Day, Day	quentially list conditions, my, leading to immediate see. Enter UNDERLYING USE (Disease or Injury t initiated events	b. DUE TO (OR AS A	CONSEQUENCE OF):	C	J						
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural S Panding Investigation Investigation on S Could not be determined determined at Homicide 28. PLACE OF DEATH (Check only one) 28. PLACE OF INJURY AT WORK? 1 YES 2 NO 28. PLACE OF INJURY — At home, farm, streat, factory, office 28. PLACE OF INJURY — At home, farm, streat, factory, office 29. CERTIFIER (Check only one) 29. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, deta and place, and due to the cause(a) and manner as stated. 29. SIGNATURE AND TITLE OF CERTIFIER 29. SIGNATURE AND TITLE OF CERTIFIER 29. DATE SIGNED (Month, Day, Day)		d									
EXAMINER? 1 YES 2 NO 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 2 Pending Investigation 3 Sulcida 4 Normalide 28. PLACE OF INJURY (Month, Dey. Year) 28. DATE OF INJURY (Month, Dey. Year) 28. PLACE OF INJURY 28. PLACE OF DEATH 1 Number of Realdence 8 Other (Specify) 28. DATE OF INJURY 28. INJURY AT WORK? 1 YES 2 NO 28. PLACE OF INJURY AT WORK? 1 YES 2 NO 28. PLACE OF INJURY AT WORK? 1 YES 2 NO 28. PLACE OF INJURY AT WORK? 1 YES 2 NO 28. PLACE OF INJURY AT WORK? 28. PLACE OF INJURY AT WORK? 1 YES 2 NO 28. PLACE OF INJURY AT WORK? 28. PLACE OF INJURY AT WORK? 1 YES 2 NO 28. LOCATION (Street and Number or Rural Route Number. City or Town, State) 29. CERTIFIER (Check only One) 29. MEDICAL EXAMINER: On the basia of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as attated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Dey. D33470	RT II. Other significent condition	s contributing to death b	ut not resulting in	the underlyin	PERF		PERFORMED?	AM CO OF	WERE AUTOPSY FINDINGS AVAILABLE PRIDE TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO		
EXAMINER? 1 YES 2 NO 1 Natural 5 Panding Investigation 3 DOA 2 Norsing Home 5 Residence 8 Other (Specify) 28. PLACE OF DEATH (Index only only) 27. MANNER OF DEATH 1 Natural 5 Panding Investigation 3 DOA 2 Natural 5 Panding Investigation 3 Sulcide 8 Could not be detarmined 28. PLACE OF INJURY AT WORK? 1 YES 2 NO 28. PLACE OF INJURY AT WORK? 1 YES 2 NO 28. PLACE OF INJURY AT WORK? 1 YES 2 NO 28. PLACE OF INJURY AT WORK? 1 YES 2 NO 28. PLACE OF INJURY AT WORK? 1 YES 2 NO 28. PLACE OF INJURY AT WORK? 28. DESCRIBE HOW INJURY OCCURED WORK? 1 YES 2 NO 28. LOCATION (Street and Number or Rural Route Number. City or Your, State) 29. CERTIFIER (Check only one) 29. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as attated. 29. SIGNATURE AND TITLE OF CERTIFIER 29. LICENSE NUMBER 29. LICENSE NUMBER 29. DATE SIGNED (Month, Day, Day) 29. DATE SIGNED (Month, Day, Day)	MAS CASE REFERRED TO MEDICAL			00.00	ACE OF BEATH						
27. MANNER OF DEATH 1 Natural 2 Accident 3 Sulcides 4 Homicide 28e. PLACE OF INJURY At home, farm, streat, factory, office 28e. PLACE OF INJURY — At home, farm, streat, factory, office 28e. LICENTIFICATION (Street and Number or Rural Route Number, City or Town, State) 29e. LICENSE NUMBER 29e. LICENSE NUMBER 29e. LICENSE NUMBER 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Dey, Date of Death (ITEM 27) (Type, Print)	EXAMINER?			THER:							
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3 Suicide 8 Could not be detarmined 286. PLACE OF INJURY — At home, farm, streat, factory, office 290. CERTIFIER (Check only one) 291. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as atted. 292. SIGNATURE AND TITLE OF CERTIFIER 293. SIGNATURE AND TITLE OF CERTIFIER 294. DATE SIGNED (Month, Day, D334 70	Natural 5 Pending	(Month, Day, Year)	INJUR	Y WO	RK?	28d. DESCRIBE	HOW INJURY OCCU	URED			
(Check only one) 2 MEDICAL EXAMINER: On the bast of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as attated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, D33470	Suicida 8 Could not be	28e. PLACE OF INJURY building, atc. (Spec	- At home, farm, stra	at, factory, offic		281, LOCATION City or Town	(Street and Number on, State)	or Rural Route	e Number,		
(Check only one) 2 MEDICAL EXAMINER: On the bast of my knowledge, death occurred at the time, deta and place, and due to the cause(a) and manner as attated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, D33470	CERTIFIER										
296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, D33470 D33470	(Check only LX CERTIFTING PHYSI										
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)			arthur investigation,	in my opinion, d			laca, and due to the	cause(s) an	nd manner as st	ted.	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	SIGNATURE AND TITLE OF CERTIFIER	1.4/1	3		29c. LICENSE NUM	BER	29d. DATE	SIGNED (ME	onth, Day, Year)		
	IAME AND ADDRESS OF DEDSON WAL	COMPLETED CAUSE OF THE	ATH (ITEM AT)	(ad)	D33470		P //	1151	17/		
		1/									
Jhaveri, Bhasker, M.D. Leonardtown, Maryland 20650 32. REGISTRAR'S SIGNATURE	ATE FILED (Month Day Van)		Leonar	atown,	Maryland	2065	0				

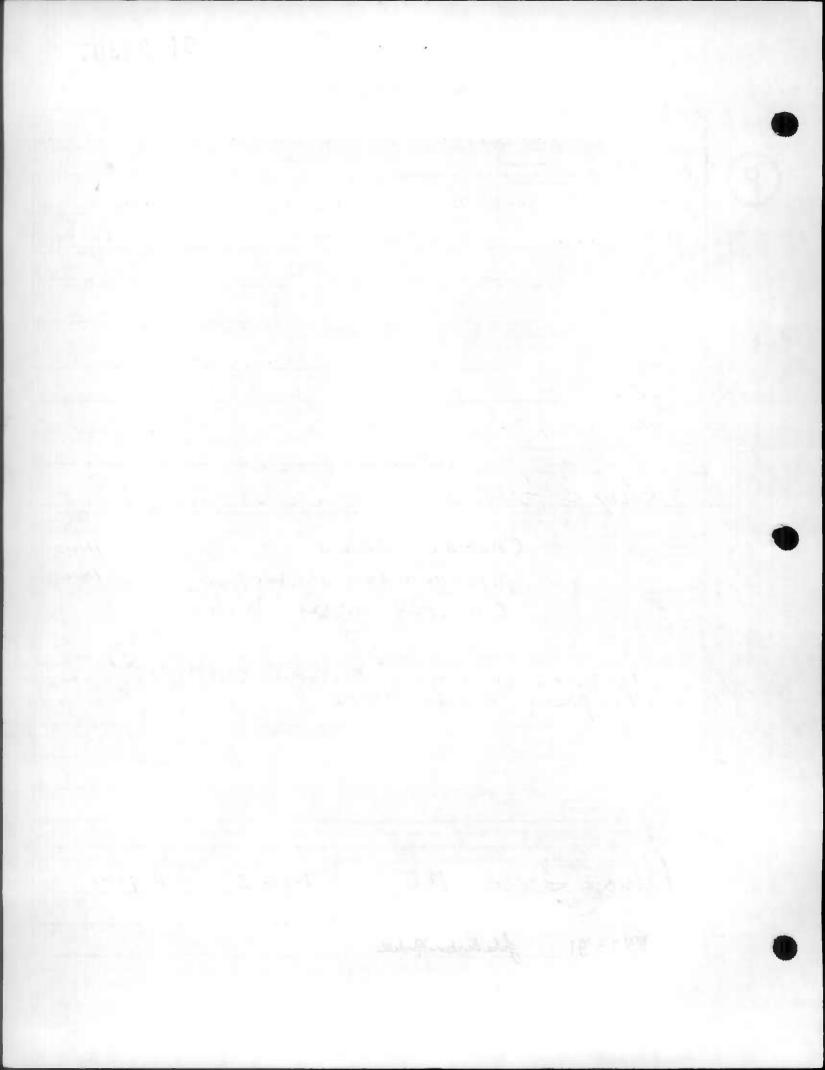
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	t. OECEDENT'S NAME (Firs	I, Middle, Last)								2. DATE OF DEATH			3. TIME OF DEATH
			bert	Mc(IcCabe				September 26, 1991			10:05 A M	
	4. SOCIAL SECURITY NUMBER		s. SEXMale	6. AGE (In yrs. le	yasi birthday)	IF UNDER	1 YEAR DAYS	IF UNDER	MIN.	7. DATE OF BIRTH (Month, Day, Year		Countr	PLACE (State or Foreign
)				70	ins.	Ob CITY	TOWN!	DD I GOAT	011 05 01	Feb 8, 19			isylvania
TOR	9a. FACILITY NAME (If not institution, give sireet and number) Sent & Queen Anne's Hospital, Inc Sent & Queen Anne's Hospital, Inc Chestertown Sent County of Death Kent County Sent												
DIRECTO	10a. STATE	10b. COUNTY	,			Y, TOWN O	FI LOCA	TION					10d. INSIDE CITY
	Maryland 100. STREET AND NUMBER		Gal	alena LIMITS?							LIMITS? **ES 2 NO		
FUNERAL	Box # 107	Lark Roa	ad	101. ZIP CODE 109. CITIZEN USA							HAT COUNTRY?		
BY	1 Never Merried 2 X 3 Widowed 4 Dive	TEVER IN U.S. A XX YES 2 MAR OR DATES AM	RMED NO	11	yee, sp	ENDENT (ecify Cube 2 XXNO	n, Maxica	NO NO	Yae or No-	Bleck	- American Indian, White, etc.		
COMPLETED	15. DEC (Specify on Elamentery/Secondery (I	1111	ECEDENT'S Give kind of to e. Do NOT us eputy	work done d se retired.)	luring mo	ON Ist of workin	ng	Law I	ousiness/in				
ш	17. FATHER'S NAME (First, Middle, Lest) Daniel McCabe 18. MOTHER'S NAME (First, Middle, Maiden Surneme) Evelyn Moore												
TO B	Barbara A.		2				ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Box # 107 B Galena, Md. 21635						
	20a. METHOD OF DISPOSITION Cremation 1 Deurial 2x Cremation 3 Removal from State 4 Donetion 5 Other (Specify) Date Page 20c. Location - City or Town, State West Laural Hill Crematory 9/28/91 Bala Cynwyd, Pa.												vn. State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY P.O. BOX J. Willis Wells Chestertown, Ma									# 264			
	23. PART i Enter the disaaeaa, pr complications thet caused the deeth. Do not anter the mode of dying, such es cardiac or reapiratory strest, ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of): Approximate interval Between Oneat and Death Due to (or as a consequence of):												
NO													
CERTIFICATION	Sequentially list conditions, If any, leading to immediate causa. Enter UNDERLYING CAUSE (Disease Dr injury that initiated avents resulting in death) LAST b. Metartatre to Brestin, Littly Americal DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
	21.77		l										
MEDICAL	70 B Acar	rasulting i						AN AUTOPSY ORMED? 2 NO	MED? AVAILABLE PRIOR TO				
ä													
C	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			OTHER		ACE OF D	EATH (Che	eck only one)			
PHYSICIAN:	1 YES 2 NO 1 Impetent 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28. DATE OF INJURY (Month, Day Yes) 28. INIE OF 28. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED												
D BY	2 Accident Investigation 3 Suicide 8 Could not be building set (Specify) 28e. PLACE OF INJURY — At home, term, street, fectory, office 28e. PLACE OF INJURY — At home, term, street, fectory, office 28t. LOCATION (Street and Number or Rural Route Number,												oute Number,
E.	4 Homicide datermined												
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end pieca, end dua to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basic of exemination and/or investigation, in my opinion, death occurred at the time, data end piece, end due to the cause(e) end manner as stated.												
BE	296. SIGNATURE AND TITLE OF CERTIFIER M.D. (D-23889) 296. LICENSE NUMBER 29d. DATE SIGNED (Month) 9/26/												
2	30. NAME AND ADDRESS OF	PERSON WHO	Malf	E OF DEATH (ITE	M 27) (Typo,	Print)	n			626			
2	31. DATE FILED (Month, Day, SEP 3 0	'91	32. REGISTRAI	avidson-A									

Julie William

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO				
	1. DECEOENT'S NAME (First, Middle, Last)			2. DATE OF DEATH MONTH DA	YEAR	3. TIME OF DEATH		
	George Travis Manning, S	Sr.		Nov. 5		1:00a.M		
			UNDER 1 YEAR IF UNDER 24 HI	RS. 7. OATE OF BIRTH	A. BIE	THPLACE (State or Foreign		
	221-09-7874 ¹⅓™²□F	N. (Month, Day, Year)	Cou	MD				
	9a. FACILITY NAME (If not institution, give street end number)	9b	CITY, TOWN OR LOCATION O	F OEATH	9c. COUNTY OF DEATH			
FUNERAL DIRECTOR	Phalsgroff Road (at home	Q.A						
REC	10a, STATE 10b. COUNTY			10d. INSIDE CITY LIMITS?				
۵	MD Q.A.	Mil	lington			1 TES 2 NO		
A	10e. STREET AND NUMBER		10f. ZIP CODE		109. CITIZEN OF	WHAT COUNTRY?		
E	Phalsgroff Road	21651		U	JSA			
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IF FORCES? 1 YES, GIVE WAR OR D.	2 X NO	13. WAS DECENDENT OF HI If yes, specify Cuben, M 1 YES 2 XNO S	SPANIC ORIGIN? (Specify Yearlicen, Puerto Ricen, etc.) pecify:	Ble	CE — American Indian, ack, White, etc.		
	15. DECEOENT'S EOUCATION	16e. DECEDENT'S USU	IAL OCCUPATION	16b. KIND OF BU	SINESS/INDUSTRY	White		
	(Specify only highest grade completed)	(Give kind of work life. Do NOT use re	done during most of working ired.)					
COMPLETED	Elementary/Secondery (0-12) College (1-4 or 5+)	gr & Inspec	tor Brey	ers Ice	Cream			
Š	17. FATHER'S NAME (First, Middle, Last)			S NAME (First, Middle, Malden	,			
BE	John T. Manning		Ara	belle Tra	vis			
6	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING AO	DRESS (Street and Number or F	tural Route Number, City or Tow	rn, State, Zip Code)			
F	Travis Manning, Jr.	Mil	lington, N	ID 21651				
	20g_METHOO OF DISPOSITION 1 \(\sum_{\text{Burlet}} \) 2 \(\sum_{\text{Cremetton}} \) 3 \(\sum_{\text{Removal from State}} \) 4 \(\sum_{\text{Donetton}} \) 5 \(\sum_{\text{Cremetton}} \) Other (Specify)	other place)	N (Name of cemetery, cremator		CATION — City or			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	ery C	nesterv	TILE, MD				
	* Hary B. Feller	05	Fellows F	uneral Hopress St.				
	23. PART I. Enter the diseasea, or complications that cause					Approximate Interval Between		
	shock, or heart failure. List only one cause on each line.							
	IMMEDIATE CAUSE (Final disease or condition	120	APREST			Onset and Death		
	resulting in death) a	A CONSEQUENCE OF):	11-10- 31			111111010		
-	- MYO	CAPDI	AL INF,	APCTION		IMMED		
ō	Sequentially list conditions, If any, leading to immediate	A CONSEQUENCE OF):	N 17017	1100/1011				
¥	cause. Enter UNDERLYING	DUARY	S ARTERY	DISEAS	F			
표	CAUSE (Disease or injury that initiated events OUE TO (OR AS A	A CONSEQUENCE OF):		1770713				
CERTIFICATION	resulting in death) LAST		-/					
EDICAL	PART II. Other aignificant conditions contributing to death to	1 . /	he underlying cause give	n in Part i. 24e. WAS AI PERFO		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
8		litus	/	1 🗆 YES	2 NO	COMPLETION OF CAUSE OF DEATH?		
	Peripheral Vasi	cular a	(sease			1 TYES 2 NO		
ż	1							
Y.	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. PLACE OF DEAT	H (Check only one)				
SIG	1 YES 2 NO 1 Inpatient 2 ER/Out		THER: Nursing Home 5 Reside	nce 8 - Other (Specify)				
PHYSICIAN: M	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year)	286. TIME O	WORK?	28d. DESCRIBE HOW	INJURY OCCURED			
BY	2 Accident Investigation		1 1 163 2 1 10					
COMPLETED	3 Suicide 6 Could not be determined 286. PLACE OF INJUN. 4 Homicide determined	Y — At home, farm, stre- ecify)	et, factory, office	281. LOCATION (Street City or Town, State		al Houte Number,		
E	29e. CERTIFIER							
API	(Check only							
Ö	2 MEDICAL EXAMINER: On the basic of examination	on end/or investigation, i	n my opinion, death occured a	nt the time, date end piece, e	nd due to the caus	e(e) end menner ee stated.		
BE (296. SIGNATURE AND TITLE OF CERTIFIER	200	29c. LICENS	E NUMBER	29d. DATE SIGN	IEO (Month, Day, Year)		
	Tamaia Freve	1110	Do	228/3	1 /1-1	1-91		
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF O							
-	Patricia Greve, M.D. Ce	cil-Kent	Health Ct	. Cecilto	n MD	21013		
5	31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGN	NATURE		-,	, "	41713		
	NOV 13 '91 Julia Dai	vidson-Randal	Health Ct					
	4	- 1						



TO BE COMPLETED	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION TO BE CO
i examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
the funeral director, page 5 should be detached for use as val.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.
er death, Page 6 may be retained by the hospital or attend	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attend

6

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL I	HYGIENE
CERTIFICATE OF DEATH		REG. NO.
	A DATE OF	OFATH

1 - STATE REGISTRAR	STATE OF MAI	RYLAND / DEPAR CERTIF	RTMENT OF		MENTAL	HYGIEN REG. NO.	E				
1. OECEOENT'S NAME (First, Middle, Las AGNES BY	O ERS	MARSHALL		172	MONTH	OF OEATH DA EMBER	6,199	EAR	TIME OF DEATH 15:30pm		
4. SOCIAL SECURITY NUMBER 216-38-1291	5. SEX 6	AGE (In yrs. lest birthday) 88 YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE C (Month,	Day, Year)	903	BIRTHPLA Country) Md	ACE (State or Foreign		
9a. FACILITY NAME (If not institution, give	e street and number)		9b. CITY, TOWN	OR LOCATION OF O	EATH	ATH 9c. COUNTY OF DEATH					
SACRED HEART HOSE	ITAL		CUMBER	LAND, MD.		28	ALLEGANY				
RESIDENCE OF DECEDENT 10a. STATE 10b. COU	ΥТΥ	10c. CIT	TY, TOWN OR LOC	ATION				10	10d. INSIDE CITY		
Md All	egany	L	onacon	ing				1	LIMITS? YES 2 NO		
10e. STREET AND NUMBER				IO1. ZIP COOE			10g. CITIZE	OF WHA	T COUNTRY?		
7 Park St.				21539			USA				
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	11. MARITAL STATUS 1 Never Merried		ECENDENT OF HISPAI specify Cuben, Mexica ES 2 KNO Specif	ın, Puerto R		or No- 14		American Indian, Thite, atc. Uhite			
15. DECEDENT'S E (Specify only highest gre	S USUAL OCCUPA work done during	TION most of working	18b.	KIND OF BUS	SINESS/INDUS	TRY					
Elementery/Secondery (0-12)	life Do NOT use retired								Home		
Wm . C . Al	bott	bott Jean									
198. INFORMANT'S NAME (Type/Print) Florence M. Rahn 190b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4244 Charley Forest, Olney, Md. 20832									32		
1 XBurlal 2 Cremation 3 Ri 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE August Market Service	LICENSEE	of cemetary, cremator	g Mem. 22. NAME Eich	horn-Mc	кеnz Md.	ie Fu 2151	unera	1 H			
23. PART I. Enter the disesses, of shock, or heart fallur IMMEDIATE CAUSE (Final disesse or condition resulting in death)	a. List only ona cauas a. Aderocy	on ssch lina.	f colon						Approximata interval Batwa Onaat and Da		
Sequentially list conditions, if any, leading to immediats cause. Enter UNDERLYING CAUSE (Disessa or injury that initiated events resulting in death) LAST	C	R AS A CONSEQUENCE (
PART II. Other algorificant condit					Part I.	24a. WAS AN PERFOR	RMED?	Al Ci	ERE AUTOPSY FINOIN MAILABLE PRIOR TO DMPLETION OF CAUS F DEATH? YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL			28.	PLACE OF DEATH (C	heck only on	e)					
EXAMINER?	HOSPITAL:	R/Outpetlent 3 🗆 DOA	OTHER:	ome 5 - Residence					DE TIT		
27. MANNER OF DEATH	28a. DATE OF IN. (Month, Day,	JURY 28b. TI	ME OF 28c.	INJURY AT WORK?	_		NJURY OCCU	RED			
1 Natural 5 Pending 2 Accident Investigation		rear)		YES 2 NO							
3 Suicide S Could not determined	28e. PLACE OF II	NJURY — At home, farm. (Specify)	, street, factory, o	ffice		ATION (Street or Town, State,	and Number or)	Rural Rou	te Number,		
one)	YSICIAN: To the best of my								nd manner as stated		
29b. SIGHATURE AND TITLE OF CERTIF	1 Dev	lin in	J. Devling	29c. LICENSE NU	IMBER	c	29d. OATE 5	J-	forth, Day, Year)		
30. NAME AND ADDRESS OF PERSON	st, Lo	naconins	pe, Print)								
31. OATE FILEO (Month, Day, Year) NOV 1 4 1991	32. REGISTRAR'S	on fundall									

FOR

ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. JOB: After this certificate has been signed by the attending physician and completely filled in by the funeral after death with the State Deat, or Health and Mental Hydiene prior to build, cremation, or removal.		death.	funera	
TENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours TOR: After this certificate has been signed by the attending physician and completely filled in after death with the State Degt. of Health and Mental Hyghen prior to builal, cremation, or re-		after c	by the	moval
TENDING PHYSICIAN. The law requires that the death certificate be executed within 2 TOR: After this certificate has been signed by the attending physician and completely after death with the State Degt, of Health and Mental Hyglere prior to burial, cremate)	4 hours	filled in	or re
TENDING PHYSICIAN: The law requires that the death certificate be or TOR: After this certificate has been signed by the attending physician after death with the State Deet. of Health and Mental Hydrete prior is		executed within 2	and completely	burial, crematic
TENDING PHYSICIAN: The law requires that the death or TOR: After this certificate has been signed by the attend fifter death with the State Deet, or Health and Mental th.		ertificate be e	ing physician	rdiene prior to
TENDING PHYSICIAN: The law requires that to TOR: After this certificate has been signed by ther death with the State Dect. of Health and		he death o	the attend	Mental Hy
TENDING PHYSICIAN: The law requi TOR: After this certificate has been after death with the State Deot. of F		ires that t	signed by	Health and
TENDING PHYSICIAN: The TOR: After this certificate I after death with the State		aw requ	has been	Deot. of I
TENDING PHYS TOR: After this of after death with		ICIAN: The	ertificate	the State
TENDING TOR: Afte		PHYS	r this c	h with
		TENDING	TOR: Afte	after deat

4. SOCIAL SECURITY NUMBER					2. DATE OF DEATH		T	3. TIME OF DEATH
	REBECCA	ANN	MESSE	NGER	November	10 10	YEAR	1:15 p
	5. SEX 6	. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	10,1	8. BIRTHE	LACE (State or Foreign
233-31-8138	1 M 2 F	19 YAS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)		Country	
9a. FACILITY NAME (If not institution, give s		13	9b, CITY TOWN	OR LOCATION OF	1 01-03-1		ITY OF DE	WV
					- CAIII			
Memorial Hos	pital		<u>Cun</u>	berland		A	lleg	any
On. STATE 10b. COUNTY	Y	10c, CIT	TY, TOWN OR LOCA	TION				tod. INSIDE CITY
								LIMITS?
100. STREET AND NUMBER	10n	F	airmont,	f. ZIP CODE		10. 017:		1 YES 2 NO
			, in			10g. CITI2	LEN OF WI	HAT COUNTRY?
Route 5 Box 76	12 WAS DESCRIPTION	EVER IN H.O. ADVISOR		26554		IIS		
Never Married 2 Merried	12. WAS DECEDENT (FORCES? 1	YES 2 TYNO	If yes, sp	ecify Cuban, Maxi	ANIC ORIGIN? (Specify Year, Puarto Ricen, atc.)	na or No-	14. RACE Black,	- American Indian, White, atc.
Wildowed 4 Divorced	IF YES, GIVE WAR	OR DATES 222		2 NO Spec			Specify	
15. DECEDENT'S EDUC	CATION	14. 200						hite
(Specify only highest grade	completed)	(Give kind of	WORK done during me	ON ost of working	18b. KIND OF B	USINESS/INDI	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	teach	ner ass	istant	church	1		
12	1	- clori	-		dept	stor	0	
7. FATHER'S NAME (First, Middle, Last)		OLCET		18. MOTHER'S N	IAME (First, Middle, Maide			
James E. Meso	congor			Daw	bara Brown			
9a. INFORMANT'S NAME (Type/Print)	2	19b. MAILING	ADDRESS (Street	and Number or Rura	Route Number, City or To	wn, State. Zip	Code)	
Mr. & Mrs. Jai	mes E. M	essenger	Route		76, Fair			26554
Da. METHOD OF DISPOSITION	RIC	20b. PLACEAND DATE	OF DISPOSITION (*)		•			
Quriel 2 Cremation 3 Remo	oval from State	cemetary, crematory or o	other placa)	and UI	11/13	OCATION — C	ity of Tow	n, Stata
		Beverly	Hills Mo	m. Card	one I	lorgan	town	WV
. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	11	22. NAME A	ND ADDRESS OF	ACILITY			
D 10 70	10	. / / .	Scar	melli f	or Ford Fu	neral	Home	
3. PART I. Entar the diseases, or c	(Caro	Wh	Camil	Larg Large	MD STEAS			
Sequentially list conditions, f any, leading to immediate susse. Enter UNDERLYING CAUSE (Disease Dr Injury hat initiated events	DUE TO (O)	R AS A CONSEDUENCE O	F):	1				40 hrs
resulting in death) LAST								
	s							-
	s contributing to de	eath but not reaulting	In the underlyin	n anusa aluan t	- Deat I as such		24b. \	
PART II. Other aignificant condition				a canza diseu u	Part I. 24a. WAS A	N AUTOPSY		VERE AUTOPSY FINDIN
				g causa given ii	PERFO	RMED?		WAILABLE PRIDE TO
ART II. Other eignificant condition				g causa given ii		RMED?	(WAILABLE PRIDE TO
hypothomia				y causa given ii	PERFO	RMED?	1	WAILABLE PRIDE TO COMPLETION OF CAUSE
hypothemia				y causa given ii	PERFO	RMED?	1	WAILABLE PRIDE TO COMPLETION DF CAUSI OF DEATH?
S. WAS CASE REFERRED TO MEDICAL			28. PI	ACE OF DEATH (C	PERFO	RMED?	1	WAILABLE PRIDE TO COMPLETION DF CAUSI OF DEATH?
hypothemia	HQSPITAL:	R/Outpatient 3 □ DOA	28. PI	ACE OF DEATH (C	PERFO	RMED?	- 3	WAILABLE PRIDE TO COMPLETION DF CAUSI OF DEATH?
5. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	JURY 28b. TIM	28. PI OTHER: 4 \(\text{Nursing Hom} \)	ACE OF DEATH (C	PERFO 1 YES heck only one) 8 Other (Specify)	PAMED?		WAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH?
5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 IN YES 2 NO 7. MANNER OF DEATH 1 Netural 5 Periding	HOSPITAL: I Inpetient 2 E 28a. DATE OF IN (Month Day.	JURY 28b. TIM	28. PI OTHER: 4 Nursing Horrill IE OF 28c. INJ	ACE OF DEATH (Constitution of the second of	PERFC 1 YES heck only one) 8 Other (Specify) 28d. DESCRIBE HOW	PAMED? 2 HO INJURY OCCI	PRED.	WAILABLE PRIDE TO COMPLETION DF CAUSI OF DEATH?
5. WAS CASE REFERRED TO MEDICAL EXAMPLER? 1 IN YES 2 NO 7. MANNER OF DEATH t Netural 5 Pending Investigation	HOSPITAL: 1. Inpatient 2 E E E E E E E E E E E E E E E E E E	Year) 28b. TIM	28. PI OTHER: 4 Nuraing Hom IE OF 28c. INJ WC MM 1	ACE OF DEATH (C) a 5 Realdence URY AT RK? /ES 2 NO	PERFO 1 YES heck only one) 8 Other (Specify) 28d. DESCRIBE HOW GWTO A C	INJURY OCCI	TED .	WALLABLE PRIDR TO DOMPLETION DF CAUSE F DEATH? YES 2 NO
5. WAS CASE REFERRED TO MEDICAL EXAUNER? 1 VES 2 NO 7. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicida 8 Could not be	HOSPITAL: 1 Inputant 2 Es. DATE OF IN (Month. Day.) 28e. PLACE OF II building, set	NJURY At homa, tarm, s. (Specify)	28. PI OTHER: 4 Nuraing Hom IE OF 28c. INJ WC MM 1	ACE OF DEATH (C) a 5 Realdence URY AT RK? /ES 2 NO	heck only one) 8 Other (Specify) 28d. DESCRIBE HOW 4 0 4 2 2 2 2 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4	INJURY OCCI	TED .	WALLABLE PRIDR TO DOMPLETION DF CAUSI F DEATH? YES 2 NO
5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 IL YES 2 NO 7. MANNER OF DEATH 1 Netural 5 Pending Investigation	HOSPITAL: 1. Inpettent 2 E 28a. DATE OF IN (Month. Day. 28a. PLACE OF II	NJURY At homa, tarm, s. (Specify)	28. PI OTHER: 4 Nuraing Hom IE OF 28c. INJ WC MM 1	ACE OF DEATH (C) a 5 Realdence URY AT RK? /ES 2 NO	PERFO 1 YES 1 YES 6 Other (Specify) 28d. DESCRIBE HOW QUE TO CATION (Street City or Taym, State	INJURY OCCI	or Rural Ro	WALLABLE PRIDR TO DIMPLETION DF CAUSE F DEATH? YES 2 NO
S. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 WYES 2 NO 7. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicida 8 Could not be determined	HOSPITAL: 1. Inputtant 2 E 28s. DATE OF IN (Month. Day. 28s. PLACE OF II building, ste	JURY 28b. TIM (No. 1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	28. PI OTHER: 4 Nursing Hom IE OF 28c. IN WC 1	ACE OF DEATH (Co. 18 5 Realdenca URY AT RK? VES 2 NO	PERFO 1 YES 1 YES 6 Other (Specify) 28d. DESCRIBE HOW GLO GLO 28f. LOCATION (Street City or Town, State	INJURY OCCI CIQUE and Number of	or Bural Roll	WALLABLE PRIDR TO DIMPLETION DF CAUSE F DEATH? YES 2 NO
5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 IN YES 2 NO 7. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicida 6 Could not be determined De. CERTIFIER (Check only 1 CERTIFYING PHYSIC	HOSPITAL: 1. Inpatient 2 E 28a. DATE OF IN (Mogh. Day. 28b. PLACE OF II building, ste	NJURY 28b. TIM (No. 1) N. 10 N	26. PI OTHER: 4 Nursing Hom BOF 28c. INJ USF M 1 Straet, factory, officed at the time, date	ACE OF DEATH (C) a 5 Realdence URY AT RK? /ES 2 NO a and place, and du	PERFO 1 YES 1 YES 6 Other (Specify) 28d. DESCRIBE HOW G 10 G 20 28f. LOCATION (Street City or Tayro, State 4 to the cause(a) end mix	INJURY OCCI CLAC TO and Number of	A Rural Room	WALLABLE PRIDR TO DUMPLETION DE CAUSE OF DEATH? YES 2 NO
5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 WYES 2 NO 7. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicida 8 Could not be determined 9a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	HOSPITAL: 11. Inpetiant 2 E 28a. DATE OF IN (Month, Day. 28a. PLACE OF II building, ste	JURY 28b. TIM (No. 1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	26. PI OTHER: 4 Nursing Hom BOF 28c. INJ USF M 1 Straet, factory, officed at the time, date	ACE OF DEATH (C) a 5 Realdence URY AT RK? /ES 2 NO a and place, and du	PERFO 1 YES 1 YES 6 Other (Specify) 28d. DESCRIBE HOW G 10 G 20 28f. LOCATION (Street City or Tayro, State 4 to the cause(a) end mix	INJURY OCCI CLAC TO and Number of	A Rural Room	WALLABLE PRIDR TO DUMPLETION DE CAUSE OF DEATH? YES 2 NO
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5. WAS CASE REFERRED TO MEDICAL EXAMPLER? 1 YES 2 NO 7. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 9a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	HOSPITAL: 11. Inpetiant 2 E 28a. DATE OF IN (Month, Day. 28a. PLACE OF II building, ste	NJURY 28b. TIM (No. 1) N. 10 N	26. PI OTHER: 4 Nursing Hom BOF 28c. INJ USF M 1 Straet, factory, officed at the time, date	ACE OF DEATH (C a 5 Residence URY AT RK? YES 2 NO a and place, and du eath occured at th	PERFO 1 YES 1 YES Neck only one) 8 Other (Specify) 28d. DESCRIBE HOW Quantum City or Raym, State City or Raym, State a to the cause(a) end mi e time, date and piece, e	INJURY OCCI CLAC T and Number of	RED Or Rural Roo hine d. cause(a):	DMPLETION DF CAUSE OF DEATH? YES 2 NO
5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicida 6 Could not be determined 9e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 9b. SIGNATURE AND TITLE OF CERTIFIER	HOSPITAL: 1 Inputant 2 E E 28a. DATE OF IN (Month. Day.) 28a. PLACE OF II building, stee	NJURY 28b. TIM (No. 1) 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	28. PI OTHER: 4 Nursing Hom IE OF 28c. INJ WC M 1 Straet, factory, office ed at the time, date on, in my opinion, d	ACE OF DEATH (C a 5 Residence URY AT RK? YES 2 NO a and place, and du eath occured at th	PERFO 1 YES 1 YES Neck only one) 8 Other (Specify) 28d. DESCRIBE HOW Quantum City or Raym, State City or Raym, State a to the cause(a) end mi e time, date and piece, e	INJURY OCCI CLAC T and Number of	pr Burai Roo hne d.	WALLABLE PRIDR TO DUMPLETION DF CAUSE OF DEATH? YES 2 NO No Number, W. W. V. Q. And manner ea stated.
5. WAS CASE REFERRED TO MEDICAL EXAMPLER? 1 WYES 2 NO 7. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident 3 Suicide 8 Could not be determined 9a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	HOSPITAL: 1 Impettant 2 = E 28a. DATE OF IN (Mogh. Day.) 28a. PLACE OF II building, sto CIAN: To the beat of my R: On the basic of axan	NJURY 28b. TIM (No. 1) 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	28. PI OTHER: 4 Nursing Hom IE OF 28c. IN. WC M 1 Straet, factory, office ed at the time, date on, in my opinion, d	ACE OF DEATH (C a 5 Realdence URY AT RK? (ES 2 NO a and place, and du eath occured at the 29c. LICENSE NU	PERFO 1 YES 1 YES Neck only one) 8 Other (Specify) 28d. DESCRIBE HOW GLOCATION (Street City or Tayrn, State a to the cause(a) end ma e time, date and piece, e	INJURY OCCIONAL PARAMETRIA PARAME	PRED OF Bural Roo On On One of the Company of the	WALABLE PRIDR TO DOMPLETION DF CAUSE OF DEATH? YES 2 NO WITH Number, W. W. V. Q. And manner on stated.

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MEDICAL	
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PHYSI	
BY	

	REGISTRAR		CERTIF	ICATE (OF DEATH	REG. NO	_			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	-	3. TIME OF DEATH		
	Robert Joseph Murray					11-07-91 D	AY YEAR	10:15 PM		
	4. SOCIAL SECURITY NUMBER 5. SEX		yrs. last birthday)	IF UNDER 1 Y	AR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIR	THPLACE (State or Foreign		
1	009-07-1272 1 ⊠ M	2 DF 65	YRS.	MONTHS D	HOURS MIN.	11-08-25	Cou	rlington, VT		
	9a. FACILITY NAME (If not institution, give street and nu	mber)		9b. CITY, TO	WN OR LOCATION OF D		9c. COUNTY OF			
NO.	Baltimore Co. Genera	l Hospit	al	Rand	allstown			ore Co.		
5	RESIDENCE OF DECEDENT									
DIRECTOR	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWH OR L	OCATION		10d. INSIDE CITY LIMITS?			
0	MD Baltimore	Co.	Re	isters				1 TES 2XXNO		
AAI	100. STREET AND NUMBER				101. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?		
FUNERAL	15 Sunday Ct.				21136		USA			
	11. MARITAL STATUS 1 Never Married 2 Married FORC	ES? 1 X YES	U.S. ARMED	13, WAS	DECENDENT OF HISPA a, specify Cuban, Maxic	NIC ORIGIN? (Specify Year	or No- 14. RA	CE - American Indian, ick, White, atc.		
BY	3 Widowed 4 Disposed IF YES	GOVE WAR OR DAT	TES	1 🗆	YES 2 NO Speci		Spe	ecity:		
	16. DECEDENT'S EDUCATION		18a. DECEDENT'S	Umusu accur			Wh	ite		
	(Specify only highest grade completed)		(Give kind of	work done during retired)	g most of working	16b. KIND OF BUS	SINESS/INDUSTRY			
PL	12 College	(1-4 or 5+)			Service	100 7.10				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		u.o. 0	23,001113		AME (First, Middle, Maiden				
	Edward O. Murray					A. Remilla				
BE	19a. INFORMANT'S NAME (Type/Print)		19h MAII ING	ADDRESS (S)		Route Number, City or Town				
5	Janet R. Murray					rstown, MD				
	20a, METHOD OF DISPOSITION	20h I	PLACE AND DATE			-				
	1 💢 Burial 2 □ Cremation 3 □ Ramoval from 9	ceme	tery, crematory of p	ther place)	Mama tial		LOCATION — City or Town, State			
	21. SIGNATOR DOF FUNERAL SERVICE LICENSEE									
	22. NAME AND ADDRESS OF FACILITY 11824 Reisterstown Rd. Eline Funeral Home Reisterstown, MD 21136									
		rine		Eu	ne rune acc	nome Rei	sterstou	on, MD 21136		
	shock, or heart fellure. List only one ceuse on eech line.									
	IMMEDIATE CAUSE (Finel disease or condition		,	· A				Intervel Between Onset and Deeth		
	resulting in deeth)	ongeshy	e nea	4 7	ume			month		
			1				J. Like			
CERTIFICATION	Sequentielly liet conditione,	DUE TO (OR AS A	mepal	wy				yrs		
AT	cause. Enter UNDERLYING	DOE TO JOH AS A	-chancadeure of	.0						
ピ	CAUSE (Disease or Injury that initiated evente	DUE TO (OR AS A C	CONSEQUENCE OF	T):						
E	resulting in deeth) LAST				Manual Control					
	0									
EDICAL	PART II. Other significant conditions contribu				ying cause given in	Part I. 24a. WAS AN A	AUTOPSY 24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
ă	Right Subdiap	y someth	ic ans	scess		1 XYES 2		COMPLETION OF CAUSE DF DEATH?		
Z.						_ /		1 YES 2 NO		
ä										
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPIT	Al:		OTHER:	. PLACE OF DEATH (Ch	eck only one)				
YS	1 YES 2 NO 1 Inpati	ant 2 ER/Outpat	lent 3 DOA		dome 5 🗆 Realdenca	8 Other (Specify)				
		Month, Oay, Year)	28b. TIMI INJ	E OF 28c.	INJURY AT WORK?	28d. DEŞCRIBE HOW IN	JURY OCCURED			
B	2 Accidant Investigation				YES 2 NO					
0	3 Suicida 8 Could not be detarmined	PLACE OF INJURY - cullding, etc. (Specify	At home, farm, a	treet, factory,	offica	281. LOCATION (Street as City or Town, State)	nd Number or Rural	Route Number,		
COMPLETED										
릴	29a. CERTIFIER (Check only one)	best of my knowled	iga, daath occurre	d at the time,	ista and place, and due	to the cause(a) and man-	nar as stated.			
S I	2 MEDICAL EXAMINER: On the be	rata of axamination a	and/or investigation	n, In my opinio	n, death occured at the	time, data and placa, and	dua to the cause	(s) and manner as stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM	MBER	29d. DATE SIGNE	D (Month, Oay, Year)		
	Willy 1 Gent	1) /M	no 1091	ST			D 11/41	91		
2	30. NAME AND ADDRESS OF PERSON WHO COMPLET						1101	7.1		
	Kathrynt Geoge	MI	Baltin	wre C	outy Can	Hosp lu	dallston	A MD		
	1 . 1	GISTRAR'S SIGNAT	URE							
	11/8/11 NOV 13/91	4	ulia Davids	on-Rand	ملك					

1 - FOR STATE REGISTRAR

1. OECEDENT'S NAME (First, Middle, Last)

	death	fune	
5	after	y the	TOVAL
	55	2	LB
	HOM -	filled	ion or
יסויסן אווער וובסטוובסל ויסי בסייסו	NDING PHYSICIAN: The law requires that the death certificate be executed within a mours after death	: After this certificate has been signed by the attending physician and completely filled in by the fune	death with the State Dent of Health and Mental Hydiene prior to burial. Cremation, or removal.
	nted	COM	LIBI.
2	DOGC	and	ind c
	pe	ician	ior to
1	fcate	phys	ne Di
;	certil	guip	Voie
	eath	atten	ntal F
)	he c	the	Me
	hat t	6	and
	ires t	signe	Health
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12

31. DATE FILEO (Month, Day, Year) NOV 20

1991

									Nov.					
	4. SOCIAL SECURITY NUMBER 5.77 32 7084 1.★ M 2 □ F 6.3 YRS.					IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH	7. DATE OF BIRTH (Month, Day, Year) 10-5-1928 8. BIRTHPLACE (Country) Wash.,			
/	1.0 *** 0.1												h., DC	
Œ	99. FACILITY NAME (If not institution, give street and number) 99. FACILITY NAME (If not institution, give street and number) 90. COUNTY OF OEATH Friendship Anne Arunde													
ECTO	RESIDENCE OF DECEDENT													
H						TY, TOWN OR LOCATION 10d. INSI						10d. INSIDE CITY LIMITS?		
DIR	MD		Arundel		F	riendship						1 YES 2 NO		
FUNERAL	10e. STREET AND NUMBER						10f. ZIP CODE				10g. CITIZEN OF WHAT COUNTRY?			
ji ji	6520 Wilson Rd.						20758					USA		
2	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. Was DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES KOREAN						13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— It yee, specify Cuben, Mexican, Puerio Rican, etc.) 1 ☐ YES 2 ★ NO Specify:					14. RACE — American Indian, Black, White, etc. Specify: White		
3		EOENT'S EOU		18e. DE	CEDENT'S	USUAL O	CCUPATI	ON ost of working	na	18b. KIND O	F BUSINESS/IN	DUSTRY		
4	(Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4 or 5 +) (Give kind of work done during most of working life. Do NOT use retired.)													
COMPL			4	E	Levat	or M	lecha	anic		Elev	rator-E	ldg.	Maintenan	
	17. FATHER'S NAME (First, M	fiddle, Last)						18. MOT	HER'S NA	ME (First, Middle, Mi	siden Surname)			
N N	James J			McAuli				-	Nell				Flanagan	
2	19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) ROSEMBRIE (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)													
	Rosemarie C. McAuliffe same as above 20e. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State													
	20a. METHOD OF DISPOSITION 1\text{\Section} Burial 2 \subseteq Cremation 3 \subseteq Removal from State} 4 \subseteq Donetion 5 \subseteq Other (Specify) Cedar Hil						211 Cem., Suitland, (PG) MD							
	21. SIGNATURE OF JUNETIAL BETWEEN LOCASES OF FACILITY 22. NAME AND ADDRESS OF FACILITY													
	Rausch Funeral Home, Owings, MD 20736 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardisc or respiratory arrest, Approximate													
CERTIFICATION	IMMEDIATE CAUSE (Findisees or condition resulting in death) Sequentially liet condition if any, leeding to immediate. Enter UNDERLY CAUSE (Disease or injuthat Infliated evente resulting in deeth) LAS	tions, didlete ing	b. Me to	(OR AS A CONSE	QUENCE C	(O)		is !	of hill	of the the	nover sion	cre	interval Betwee Onset and De	
MEDICAL CE	PART II. Other significa	ent condition	ne contributing to	death but not	reculting	In the U	nderlyir	ng cause	given in	Part I. 24a. W	AS AN AUTOPSY REFORMED?	24	b. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUS	
										_ '''			OF DEATH?	
SICIA	25. WAS CASE REFERRED 1	TO MEDICAL	HOSPITAL:			OTHE		LACE OF D	EATH (Ch	eck only one)				
2	1 TYES 2 NO		1 🗆 Inpatient 2	ER/Outpatient	□ DOA	4 Nu		me 5 R	eeldence	8 Other (Specif))			
BY PHY	27. MANNER OF DEATH 1 Netural 5 2 Accident	Pending Investigation	(Month, C	2-91	19:3	JURY	1 🗆] NO	28d. DESCRIBE I	IOW INJURY O	CCURED		
ETED	3 Suicide 8 4 Homicide	Could not be detarmined	building,	OF INJURY — At he, etc. (Specify)	one, tarm,	street, fac	aory, offi	00		28f. LOCATION (S City or Town,		er or Hurai	rioute Number,	
COMPLE	(Orbox Only		ER: On the basis of a										(e) end menner ae stated	
BEC	296. SIGNATURE NAD ATLA	E OF ICENTIFIE	Turi	ins		X.		29c. LIC	ENSE NUI	MBER 32	29d. OA	TE SIGNE	0 (Month, Day, Year)	

32. REGISTRAR'S SIGNATURE Fisher Davidson-Randall

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

2. DATE OF DEATH

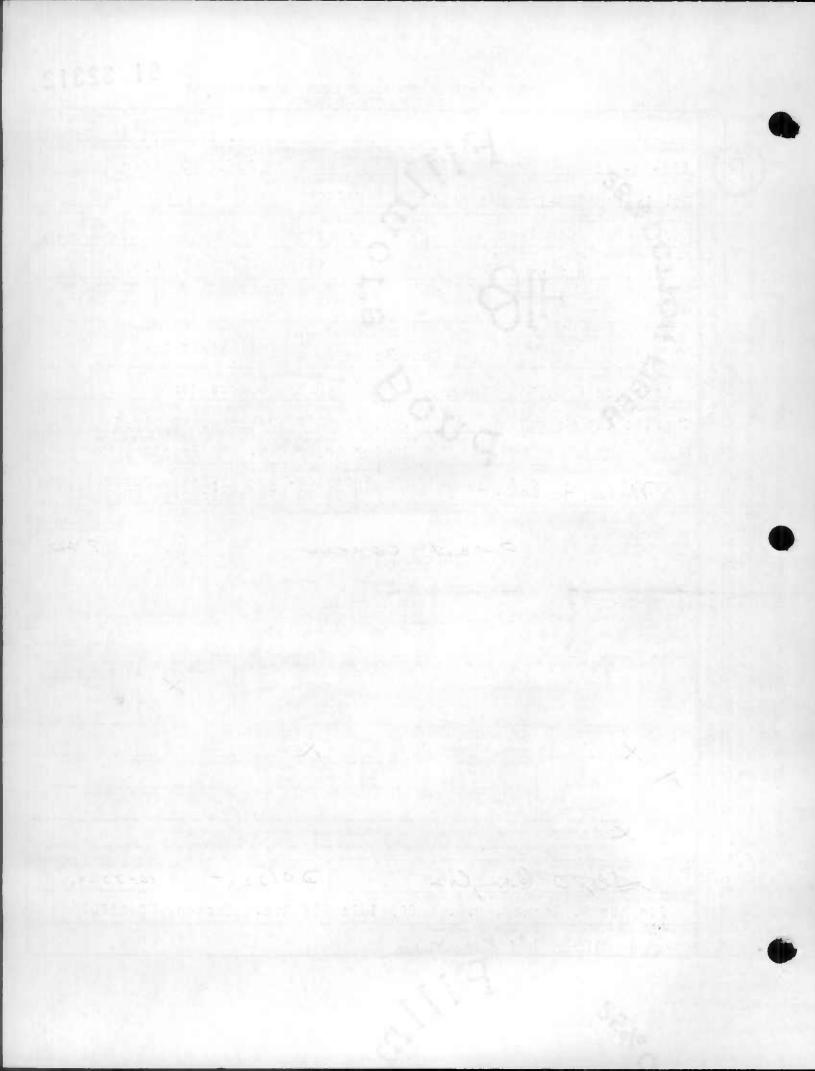
GEORGETOWN UNIV.

32311

3. TIME OF DEATH

DHMH-16 Rev 1/89

		INDIA RUTH	MCNEAL				Oct. 28	1991		4:00P	
				//	NDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6. E	BIRTHPLAC Country)	E (State or Foreign	
(P		218-40-6124	□ M 2 💢 F	48 YRS. MONT	HS DAYS	HOURS MIN.	(Month, Day, Year) 01/24/	43 M	ary1	and	
of A	1	9e. FACILITY NAME (If not institution, give street				OR LOCATION OF DEA	TH	9c. COUNTY			
	Į į	Rt. 1, Box 28B-Tanyard Road Preston Caroline									
Page	DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 □ YES 2 ▼ 1									
permit.	1 1	10e. STREET AND NUMBER			101	I. ZIP CODE		10g. CITIZEN	OF WHAT	COUNTRY?	
nsit .	IERAL	Rt. 1, Box 28	3			21655			S.A.		
BALTIMORE, MARYLAND 21203-3146 let death. Page 6 may be retained by the hospital or attending physician. the funeral director, page 5 should be detached for use as the burial-transit nat.	BY FUNI	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	. WAS DECEDENT EVER IN L FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 X NO	If yes, sp	CENDENT OF HISPANI Helify Cuban, Mexican 6 2 X NO Specify:	, Puerto Rican, etc.)		Black, Whi	White	
	8	15. DECEDENT'S EDUCAT (Specify only highest grade cor		Sa. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working						IY .	
	PLET	Elementery/Secondery (0-12)	College (1-4 or 5+)	Beautic	ed.)		Hair	Salon			
		17. FATHER'S NAME (First, Middle, Last) Lawrence Frank		rtv			ME (First, Middle, Maid oberta			TEU VI	
	BE	19n. INFORMANT'S NAME (Type/Print)	CI III I I GII G		RESS (Street	and Number or Rural R			de)		
		Charles Lee McN	eal	Rt. 1,	Box	28B, P					
		20a, METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remove 4 Donetion 5 Other (Specify)	I from State	20b. PLACE OF DISPOSITION (Name of cometery, crematory or other place) Junior Order Co			m .	Presto			
		21. SIGNATURE OF FUNERAL SERVICE LICEN Michael 7.			Framptom-Hawkins-Eskow Funeral Hom PO Bx 43, Federalsburg, MD 21632						
be 0. BOX 13146, death certificate be executed within c.v. nours after attending physician and completely filled in by the man application of the completely filled in by the control of the completely filled in by the control of th	CERTIFICATION	23. PART I. Enter the diseases, or corahock, or heart fellure. List IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A O	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF):	ne	2				Approximate Interval Between Oneet and Death 7 1/2	
RECORDS, w requires that the complete signed by the or, of Health and Me	. ME	PART II. Other significent conditions	contributing to deeth bu	it not resulting in th	e underlyli	ng cause given in	PEF	S AN AUTOPSY IFORMED?	AWA COI OF	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO	
VITAL FIAM: The law rithcate has be State Dept.	PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	- Con	28. F	PLACE OF DEATH (Ch	eck only one)				
VISIAN:	IX	1 YES 2 NO	☐ Inpatient 2 ☐ ER/Outps 28e. DATE OF INJURY	tient 3 DDA 4 28b, TIME OF	-	me 5 Residence	6 Other (Specify)		RED		
O YH sight		1 Natural 5 Pending	(Month, Day, Year)	INJURY	W	YES 2 NO	200, 02,000,02				
ISIO ITENDI TIDR: A after d	TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	26e. PLACE OF INJURY building, etc. (Speci		t, factory, off	ice	281. LOCATION (St City or Town, S		Rural Route	Number,	
DIVISION TAL DR ATTENIAL DR ATTENIAL DIRECTOR: 72 hours after	MPLE	(Check only	AN: To the best of my knowle							nd manner se state-4	
HOSPI	CO	29b. SIGNATURE AND TITLE OF CERTIFIER		and an analysis in	- my opinion,	29c. LICENSE NUI				onth, Day, Year)	
TO THE HOSPITAL I TO THE FUNERAL I be fied within 72 h	O BE CO	A6010-	Congli	n			221-				
	-	Stephen P. Ca	rney, M.D			vild Ave	., East	ton, MD	21	601	
	1	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA								
		NOV 1 '91	Sulia Davidson	-handelle							



FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	1 - REGISTRAR		CERT	IFICATE OF	DEATH		REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH	Av	1	B. TIME OF DEATH		
	VIRGINIA	RUTH	MEA	SE		NOV	EMBER°	04 199	91 (03:40 M		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birtho	lay) IF UNDER I YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH			LACE (State or Foreign		
1	217-80-7128	1 - M 2 121XF	79 YR	S. MONTHS DAYS	HOURS MIN.		th, Day, Year)	222	Country)	r.w z		
)	9a. FACILITY NAME (If not institution, give	street and number)	12	96. CITY, TOWN	OR LOCATION OF I		3-15-1912 N			W//		
TOR	SACRED HEART HOS			CUM	BERLAND,	MD.		ALLI	EGANY	Y		
рінестон	10a, STATE 10b. COUNT		10c.	CITY, TOWN OR LOCA	ATION				Od. INSIDE CITY LIMITS?			
	MD A]	legany		Cumberla	od,			I as assume		YES 2 NO		
FUNERAL		Luca edu			21502	109. CITIZEN OF WI			AT COUNTRY?			
Z	1128 Bedford St	12 WAS DECEDEN	IT EVER IN U.S. ARMEO	13. WAS OF	CENDENT OF HISP	ANIC ORIGI	N? (Specify Ya	IIS	4. BACE -	- American Indian,		
BY FI	1 Never Married 2 XXMarried 3 Widowed 4 Divorced	YES 2 X		pecify Cuban, Maxis S 2 NO Spec		Rican, atc.)		Specify:				
ED	15. DECEDENT'S EDI	JCATION	18a, OECEDE	T'S USUAL OCCUPAT	ION	18	b. KINO OF BU	SINESS/INOU		hite		
ETE	(Specify only highest grad	e completed)	(Give kind	d of work done during m OT use retired.)								
7	Elementary/Secondary (0-12)	College (1-4 or 5		emaker			0	la am a				
COMPL	17. FATHER'S NAME (First, Middle, Last)		I HOI	ellaner	18. MOTHER'S N	IAME (First		home				
								Surnamej				
BE	Chester A. S	ell	I	LING ADDRESS (Street	Ell	a Pu	gh					
9	19a. INFORMANT'S NAME (Type/Print)		19b. MAI	LING ADDRESS (Street	and Number or Rura	il Route Nun	nber, City or Tov	vn, State, Zip (Sode)			
	Mr. George R.	Mease		8 Bedford				7				
	20a, METHOD OF DISPOSITION 1 (X Burial 2 Cremation 3 Ref	noval from Stata	20b. PLACE AND D	ATE OF DISPOSITION (I	Vame of	OA"	TE 20c. LC	CATION — C	Ity or Town	n, Stata		
	4 Donation 5 Other (Specify)				1 Park	11-	6 0	umber	land	, MD		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
	Janes 7 dear Scarpelli Funeral Home Cumberland, MD 21502											
	23. PART . Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate											
	' ehock, or heert failure iMMEDIATE CAUSE (Final dieease or condition	0								Oneet and Deeth		
	resulting in death)		umonis		0 /					Sallys		
		DOE 10	OR AS A CONSECUENC	E OF):	- Vila	1000		10000	- 1			
CERTIFICATIO	DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate couse. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): ON 1. C Observed Hive Pulmentary disease. Due To (OR AS A CONSEQUENCE OF):											
5	CAUSE (Diseese or injury	c										
Ē	that initiated evente resulting in deeth) LAST	DUE TO	(OR AS A CONSEQUENC	CE OF):								
监		d										
	PART II. Other significent condition	ns contributing to	death but not requir	me in the send of the								
EDICAL	Hourtone	200	deem but not result	ing in the underlying	ng cause given i	n Part I.	24a. WAS AN PERFO			VERE AUTOPSY FINDINGS		
	- 13 the state of	7					1 TYES	NO	0	OMPLETION OF CAUSE		
Σ							= 10			YES 2 ND		
Z.										_ 120 2 _ 110		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITA		26. F	PLACE OF OEATH (C	check only o	ne)					
YSI	1 TYES 2 DINO	HOSPITAL:	ER/Outpatient 3 🗆 Do	OTHER:	me 5 🗆 Raaldenca							
H	27. MANNER OF OEATH	26a. OATE OF		TIME OF 28c. IN	JURY AT	_	SCRIBE HOW	N III III O O O O				
ВУ	1 Netural 5 Pending 2 Accident Investigation	(Month, Di	ay. rear)		ORK? YES 2 NO	1 -56. 62	OCHIOL HOW	NJOHT OCCU	HED			
	3 Suicida 8 Could not be	28e. PLACE O	F INJURY — At home, Ian			201.101						
COMPLETED	4 Homicide detarmined	building,	atc. (Specify)		-	City	or Town, State)	and Number o	r Rural Rou	ite Number,		
7 1	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of	my knowledge death as		201-10-12-2							
Σ.		R: On the beals of as	amination and/or investig	etton in me time, date	and place, and du	n to the ca	use(a) and mai	nor as stated	l.			
- 10	2 MEDICAL EXAMINE 290. SIGNATURE AND TIME OF CERTIFIE		1	anon, in my opinion,	Death occured at th	e time, data	and place, an	d due to the	cause(a) a	nd manner as stated.		
8	THE AND THE OF CENTIFIE		11/		29c. LICENSE NU	MAER		29d. DATE S	SIGNEO (M	lopth, Day, Year)		
2	20 NAMES AND SPORESS OF SECTION	me, (1/m/ly		190 3	55/	35	D /	1/4/	19/		
	30. NAME AND ADDRESS OF PERSON WA	O COMPLETEO CADS	E OF DEATH (ITEM 27)	ype, Print)		/	3	0	1-1-1	1		
	INGRIGS RE	van (Mappell	m q	7/7 504	on 1	Nive	///100	Soll	and m		
	31. OATE FILEO (Month, Dey, Year) 5 199		avidson-Aanda	De.	2.7		, , ,					

STATE OF MARYLAND / DEPARTMENT-OF HEALTH AND MENTAL HYGIENE

-	REGISTRAR		CERTIFIC	CATE OF DEATH		REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last	t)			2. DATE O	F DEATH DAY	YEAR 3	. TIME OF DEATH				
1 3	JOSEPH GABRI	EL McDON	ALD		10	22 9		:45 PM M				
	4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR IF UNDER 24 HRS	7. DATE O	F BIRTH	8. BIRTHPL	ACE (State or Foreign				
1	219-28-5956	1 XM 2 □ F	59 YRS.	ONTHS DAYS HOURS MIN.	(Month,	Day, Year)	Washi	ngton.D.C.				
1	9e. FACILITY NAME (If not institution, give		9	DE CITY, TOWN OR LOCATION OF	9c. COUNTY OF OEATH							
RECTOR	27804 Cedar Pt. R	d.		Easton		Ta	Talbot					
l iii	10e. STATE 10b. COUN	ITY			1	Od. INSIDE CITY						
		lbot	Eas	ston				YES 24 NO				
ERAL	27804 Cedar Pt. R	d.		101. ZIP CODE 21601			ITIZEN OF WH SA	AT COUNTRY?				
BY FUNI	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Olvorced	12. WAS DECEDENT EVI FORCES? 1 TO Y IF YES, GIVE WAR O Korean	er in u.s. armed les 2 \(\sum \) no r dates Conflict	13. WAS DECENDENT OF HISH If yes, epecify Cuban, Mex 1 YES 2 NO Spe		Bleck, Specify:	- American Indian, White, etc.					
ETED	ts. OECEDENT'S Et (Specify only highest gra	ide completed)	16a, DECEDENT'S Ut (Give kind of wo life. Do NOT use	rk done during most of working	16b. I	KIND OF BUSINESS/II		HILLO				
COMPLE	Elamentary/Secondary (0-12)	College (1-4 or 5+)	Computer	specialist								
O N	17. FATHER'S NAME (First, Middle, Last)	-	TOOMPULCI		NAME (First, Mi	ddle, Maiden Surname,)					
E G	Thomas Anthon	v McDonald			v McN							
BE	19e. INFORMANT'S NAME (Type/Print)	J.I.G.1G	19b. MAILING A	DDRESS (Street and Number or Rul	<u> </u>		Zip Code)					
5	Teresa Ann Freder	rick		Cedar Pt. Rd., E			-/					
90	20e. METHOD OF DISPOSITION	ICK		DE DISPOSITION (Name	DATE.	20c. LOCATION	— City or Tow	n. State				
TSUL	1 Buriel 2 Cremetion 3 Re		of cemetary, crematory o	r other place)	1							
	4 Donation 5 Dother (Specify) Salisbury Crematory 10-23 Salisbury, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
gyellin	Newnam Funeral Home 200 S. Harrison St., Faston MD											
ERTIFICATION TO BE COM	that initiated events											
히	PART II. Other eignificent conditi	inne contributing to dee	th but ont requiting in	the underlying cause given	in Part I	24a. WAS AN AUTOPS	v 245.1	WERE AUTOPSY FINDINGS				
HEDICAL CE	-			are disastying estate given		PERFORMED?		WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
3 \ X	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH	(Check only one	1)						
YSICI	EXAMINER?	HOSPITAL:		OTHER:								
BY PHYS	27. MANNER OF DEATH	28e. DATE OF INJU	JRY 28b. TIME	RY WORK?		(Specify)	OCCURED					
0 2	2 Accident Investigation 3 Suicide 8 Could not it	28e. PLACE OF IN- building, etc.	JURY — At home, farm, at (Specify)	1 1 120 2 100		TION (Street and Num r Town, State)	ber or Rural Ro	ute Number,				
Item 2	299. CERTIFIER (Check only special control of the c	YSICIAN: To the bast of my		f at the time, date end place, end , in my opinion, death occured at				and manner se stated.				
TO BE COM		men MD			NUMBER 0350		(O/ 2	Month, Day, Year)				
	30. NAME AND ADDRESS OF PERSON William S. Breme				ols. MD	21663						
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE	a coty ot miterial	J204 1410	21000						
	OCT 24 199	91 Grobe da	SIGNATURE ACONDOS									



Heranam La Alle

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTI	FICATE OF DEATH	REG. NO.						
	1. OECEDENT'S NAME (First, Middle, Last) HANNAH VICTORIA MILI	.S		2. DATE OF DEATH DAY 11 - 6 -	YEAR 91 M					
Ž,	4. SOCIAL SECURITY NUMBER 5. SEX 209−12−3993 1 □ M	8. AGE (In yrs. lest birthday 2 F 69 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. OATE OF BIRTH (Month, Day, Year) 5-31-22	8. BIRTHPLACE (State or Foreign Country) MARYLAND					
1	9a. FACILITY NAME (If not institution, give street and re 29043 SANDERSTOWN ROAR RESIDENCE OF DECEDENT		9b. CITY, TOWN OR LOCATION OF D		OUNTY OF OEATH ALBOT					
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND TALBOT	10c. C	TRAPPE	LIMITS?						
FUNERAL	100. STREET AND NUMBER 29043 SANDERSTOWN RC	CITIZEN OF WHAT COUNTRY? USA								
à	1 Never Married 2 Married FOR	DECEDENT EVER IN U.S. ARMED CES? 1 TYES 2 NO ES, GIVE WAR OR DATES	13. WAS DECENOENT OF HISPA If yes, specify Cuben, Maxico 1 YES 2 NO Specifi		- 14. RACE — American Indian, Black, White, etc. Specify: BLACK					
LETED	(Specify only highest grade complete: Elementary/Secondary (0-12) College 1 2 t h	(Give kind of life. Do NOT	NOT use retired.) 18b. KINO OF BUSINESS/INOUSTRY							
complet	17. FATHER'S NAME (First, Middle, Last) ANDREW MILLS	SAL		DEPARTMEN	ne)					
fled a	19a. INFORMANT'S NAME (Type/Print)	19b. MAILII	ALJ	ICE SMITH MILI Route Number, City or Town, State,						
TO TO	HARRIETT POWELL									
must b	20a. METHOD OF DISPOSITION 1 🔀 Surial 2 Cremation 3 Removal from 4 Donation 5 Other (Specify)			11/9/91 TRAPE	A — City or Town, State					
examiner	21. SIGNATURE OF FUNERAL SERVICE A PERMITE		P.O. BOX 928	BENNIE SMI B, HURLOCK, MI						
any injury, or other traumatic event, the medical examiner must be notified at once. JICAL CERTIFICATION TO BE COM	23. PART I. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ehock, or heert failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) But TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury that initiated events resulting in death) LAST									
CE CE	PART II. Other significent conditions contri	huting to death but not regulting	g in the underfulng cause given in	Part I. 24a. WAS AN AUTOR	PSY 24b. WERE AUTOPSY FINDINGS					
shows :	Anemia		g in the dilacitying dadae given in	PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE					
SICIAN		PITAL:	26. PLACE OF OEATH (C							
PH PH	27. MANNER OF DEATH 28	a. DATE OF INJURY (Month, Day, Year) 28b. 1	IME OF 28c. INJURY AT WORK? M 1 YES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW INJURY	OCCUREO					
28 is TED	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	PLACE OF INJURY — At home, farr building, stc. (Specify)		28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
IMPORTANT: If Item O BE COMPLE	onol -		urred at the time, data and place, and du							
IMPORTAL O BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	Well In	29 LICENSE NU	966 Þ	DATE SIGNED (Month, Day, Year)					
1	30. NAME AND ADDRESS OF PERSON WHO COMP	LETED CAUSE OF DEATH (ITEM 27) (7)	rpe, Print)							
	31. DATE FILED (Month, Day, Year) 32 NOV 1 3 1991	MEGISTRAR'S SIGNATURE	2							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1 be filled within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal. MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.
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JOHN H.	MOSNER			K		MONT	C. 27, 19) 91	YEAR	6:20 P
4. SOCIAL SECURITY NUMBER 217-14-4128	5. SEX	6. AGE (In yrs. last birth	RS. MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	8-29	OF BIRTH th, Day, Year) I-1903		PEN	INA
9a. FACILITY NAME (If not institution, give 15 SHANNON TRESIDENCE OF DECEMENT				EAST	ON CON			9c. COUNTY OF DEATH TALBOT		
MARYLAND T.	ALBOT	100	EAS	TON		100 OTIZEN O			10d. INSIDE CITY LIMITS? 1 YES 2 NO HAT COUNTRY?	
15. SHANNON 11. MARITAL STATUS 1 Naver Married 2 Married 3 Widowed 4 Divorced	TERRACE 12. WAS DECEDENT FORCES? 1 IF YES, GIVE W		WAS DEC	21601 ENDENT OF HISPA ecify Cuban, Mexic 2 NO Speci		U.S	— American Indien, White, etc.			
15. DECEDENT'S ED (Specify only highest grac Elementary/Secondary (0-12)		(Give kir	ENT'S USUAL Or and of work done NOT use retired.)			b. KIND OF BUS	SINESS/INDU		ITE	
12 17. FATHER'S NAME (First, Middle, Last)	0	BANKER 18. MOTHER'S NAME (First, Middle,								
FREDERICK MO 19e. INFORMANT'S NAME (Type/Print) EDWARD F. MOS					EL and Number or Rural . Michae	Route Nur		n, State, Zip (REAL PROPERTY.
20e. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Ra 4 Donation 5 Other (Specify)		20b. PLACE AND of cemetary, crem	DATE OF DISP	OSITION	(Name		TE 20c. LO	CATION — C		
21. SIGNATURE OF FUNERAL SERVICE I	ICENSEE TO THE TOTAL TOT	ICFS	P. 22.		NO ADDRESS OF F					RAL HOME
00 DADT I Forest About			2	00 S.	HARRIS	SON	ST. EA	STON	I, M	D. 21601
23. PART I. Enter the dieeeses, or ehock, or heert feilure IMMEDIATE CAUSE (Finel diseese Dr condition resulting in death)	complications the List only one cau	t caused the death.	Do not enter	the mo	ode of dylng, eu	ch as ca	rdiac Dr respi		_	Approximate Interval Between
ehock, or heert fellure IMMEDIATE CAUSE (Finel disease or condition	a. ATHAN DUE TO DUE TO	t caused the death. ise on each line.	CAN (ICE OF):	the mo	ode of dylng, eu	ch as ca	rdiac Dr respi		_	Approximate Interval Between
ehock, or heert feilure IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, If eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. ATHUR DUE TO c. DUE TO d. DUE TO	t caused the death. ISE DI EACH STOCK OR AS A CONSEQUEN OR AS A CONSEQUEN OR AS A CONSEQUEN deeth but not result	DD not enter	dia y	nde of dyling, eu	D/	rdiac Dr respi	AUTOPSY RMED?	est,	Approximate Interval Betwee Onset end De ### AUTOPSY FINDIN AMAILABLE PRIOR TO
ehock, or heert feilure IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events reculting in death) LAST PART II. Other significent conditions The CAUC Aon To	a. ATHERODE TO b. DUE TO c. DUE TO d. DUE TO HOSPITAL:	t caused the death. Ise on each line. O SCIGNOTT C (OR AS A CONSEQUEN (OR AS A CONSEQUEN (OR AS A CONSEQUEN deeth but not resul	DD not enter CAN ICE OF): ICE OF): ICE OF):	nderlyIn	ode of dying, eu	DI.	24a, WAS AN PERFOR	AUTOPSY RMED?	est,	Approximate Interval Betwee Onset end Des 1/149/// WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ehock, or heert feilure IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events reculting in deeth) LAST PART II. Other significent condition The CAUC AONTO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	a. ATHING OUE TO b. DUE TO c. DUE TO d. DOB CONTRIBUTING to HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month, D	t caused the death. Ise on each line. O SC/CAOTT C OR AS A CONSEQUEN OR AS A CONSEQUEN OR AS A CONSEQUEN deeth but not result ER/Outpetlent 3 C	DD not enter CAN ICE OF): ICE OF): ICE OF):	nderlyln 26. P. R: raing Hon 28c. IN.	ode of dylng, eu	PI.	24a, WAS AN PERFOR	AUTOPSY RMED?	24b.	Approximate Interval Betwee Onset end De VIPA I I I I I I I I I I I I I I I I I I
ehock, or heert feilure IMMEDIATE CAUSE (Finel disease Dr condition resulting in death) Sequentially list conditions, If eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events reculting in death) LAST PART II. Other significent condition The LACIC AONTO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	a. ATHAN OUE TO b. DUE TO c. DUE TO d. DUE TO d. HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month, D) 26a. PLACE OF	t caused the death. Ise on each line. O SC/CAOTT C OR AS A CONSEQUEN OR AS A CONSEQUEN OR AS A CONSEQUEN deeth but not result ER/Outpetlent 3 C	DD not enter	26. P.R: rsing Hom	Date of dyling, eu Al cool of a land of a la	PI Part I.	24a, WAS AN PERFOR	AUTOPSY RMED?	24b.	Approximate Interval Betwee Onset end De 1/1/4/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1
ehock, or heert feilure immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) PART II. Other significent conditions are under the course. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions are under the course of	a. ATHANA DUE TO b. DUE TO c. DUE TO d. DUE TO d. TO DOBUT TO DUE	t caused the death. Ise on each line. O SC/CAOTT C (OR AS A CONSEQUEN (OR AS A CONSE	DD not enter CAN CICE OF): ICE OF): ICE OF): Iting in the unit of the uni	nderiyin 26. PR: raing Hon 28c. IN. time, dete	Dide of dying, eu Al Col A Grant Al Col A G	Part I. Check only 6 Ott 28d. CC	24a. WAS AN PERFOR 1 VES 2 One) Ther (Specify) ESCRIBE HOW I OCATION (Street by or Town, State)	AUTOPSY AMED?	24b. URED or Rural F	Approximate Interval Betwee Onset end De Ons
ehock, or heert feilure immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) PART II. Other significent conditions are under the course. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions are under the course of	a. ATHAN OUE TO a. DUE TO b. DUE TO c. DUE TO d. DUE TO d. LIST OF TO	t caused the death. Ise on each line. OSCIGNOTT CONSTRUCTOR (OR AS A CONSEQUENT (OR AS A C	DD not enter CAN CICE OF): ICE OF	nderlyin 26. P. R: rsing Hon 28c. IN. W 1 ctory, office	Dide of dying, europe of dying, europe of dying, europe of dying, europe of dying of death occured at the second occurred at the second occurred oc	DI Part I. Check only 6 G Ott 26d. D 26d. Cd	24a, WAS AN PERFOR 1 YES 2 CATION (Street by or Town, State) CATION (Street by or Town, State)	AUTOPSY RMED? ENO INJURY OCC and Number as state and due to the	24b. 24b. URED or Rural F	Approximate Interval Betwee Onset end De 1/44/1/

REG. NO.

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CERTIFICATION

MEDICAL

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L DIRECTOR: A 2 hours after d 1 item 28 is

TO THE FUNERAL D
TO THE FUNERAL D
be filed within 72 he
IMPORTANT: If its

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Thomas Richard Marshall 11 8:45 AMM 001 4. SOCIAL SECURITY NUMBER 5. SEX 8. BIRTNPLACE (State or Foreign 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE DF BIRTN (Month, Day, Year, 1 X M 2 - F 72 160-18-1784 9 4 1919 | Maryland 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN DR LOCATION OF DEATN 9c. CDUNTY DF DEATH Memorial Hospital Easton Talbot RESIDENCE OF DECEDENT 10e. STATE 10b. CDUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Talbot Easton 1 X YES 2 NO 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN DF WNAT COUNTRY? 29157 Woodridge Drive 21601 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indien, Black, White, etc. 1 Never Merried 2 X Merried Il yes, specify Cuban, Mexicen, Puerto Ricen, etc.)

1 YES 2 ND Specify: IF YES, GIVE WAR DR DATES 3 Widowed 4 Divorced Specify: White 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND DF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4 or 5+) Presser Laundry 17. FATNER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surname) J. Robert Marshall Florence Fairbanks 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) Ruth C. Marshall 29157 Woodridge Drive, Easton, MD 21601 20e. METHDD DF DISPOSITION
1 Suriel 2 Cremetion 3 Removal from State
4 Donetion 5 Other (Specify) 20b. PLACE AND DATE DF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Woodlawn Memorial Park 11-4 Easton, MD 21601 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Newnam Funeral Home JOHN R. 200 S. Harrison St., Easton, MD 21601 MERCE 23. PART i. Enter the diseases, or complications that causad the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or haart failura. List only one cause on each line Intarvai Betwean IMMEDIATE CAUSE (Final Onaet and Death disease or condition CARCINO MATOSIS (ITELLIANT UN LIKETIET resulting in death) DUE TO (DR AS A CONSEDUENCE DF): Sequentially list conditions, DUE TO (DR AS A CONSEDUENCE DE)-If any, laading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury DUE TO (DR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS Brancher 15 WIN SULURA 10F AVAILABLE PRIOR TO COMPLETION DF CAUSE PERFORMED? 1 YES 2 NO 1 YES 2 | ND 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE DF DEATH (Check only one) OTHER:
4 | Nursing Nome 5 | Residence 6 | Other (Specify) 1 TES 2 ND 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATN 28c. INJURY AT WORK?
1 YES 2 ND 28a. DATE DF INJURY 28b. TIME DF INJURY 28d. DESCRIBE NDW INJURY OCCURED 5 Pending investigation 1 Natural M 2 Accident 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 6 Could not be 4 Nomicide 29e. CERTIFIER (Check only CERTIFYING PNYSICIAN: To the best of my knowladge, death occurred at the time, date end place, end due to the cause(s) end menner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the ceuse(s) end manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE DF DEATH (ITEM 27) (Type, Print) 10 -16 21 -1 172020 31. DATE FILED (Month, Day, Year) 32, REGISTRAR'S SIGNATURE NOV - 4 1991 Julia Savidson-Randall

12

HOSPITAL OR ATTENDING PHYSICIAN:

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitied at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI	MENT OF I	IEALTH AND	MENTAL HY	YGIENE	3	2318
1. DECEDENT'S NAME (First, Middle, Last)		CERTIFIC	ALE OF	DEATH		G. NO.		
The state of the s	hn Edward	has	Clain	a tyr tyr tyr	2. DATE OF D	DAY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER					Novem		1991	1244
717-09-6234	1 M 2 □ F 74		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, Day, 4-6-19	Year)	Countr	PLACE (State or Foreign
9a. FACILITY NAME (If not institution, give stre			b. CITY, TOWN	OR LOCATION OF D	EATH	9c. CO	UNTY OF D	EATH
PENINSULA GEN	ERAL HOSPITAI		SALI	SBURY			WICOM	ICO
10a. STATE 10b. COUNTY		10c. CITY, T	TOWN OR LOCAT	TION				10d. INSIDE CITY LIMITS?
Maryland Wicon	mico	De	lmar					1 X YES 2 NO
10e. STREET AND NUMBER			101	ZIP CODE		10g. CI	ITIZEN OF W	HAT COUNTRY?
505 Walnut St.				21875		U.	S. A	•
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 PNO	13. WAS DEC	iNIC ORIGIN? (Spi an, Puarto Rican, ify:	ecify Yes or No— atc.)	Black	- American Indian, White, atc.	
15. DECEDENT'S EDUCA (Specify only highest grade of	ATION	16a. DECEDENT'S US	UAL OCCUPATION	ON	16b. KIND	OF BUSINESS/II	NDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use re	k done during mo etired.)	st of working				
	3	Sang Fore	man		Penn	Centra	1 Rai	1road
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle			11044
John Edward McClai	ine, Jr.				ldred L	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0
19a. INFORMANT'S NAME (Type/Print)		19b, MAILING AD	DRESS (Street a	nd Number or Rural				-
Mary Audrey McClai	ine			St. Del:			ip code)	
20a METHOD OF DISPOSITION 1A Burial 2 Cremation 3 Mamou	20b. P	LACE AND DATE OF D	DISPOSITION (Na			20c. LOCATION -		vn, Stata
4 Donation 5 Other (Specify)		Stephen				Delmar	, DE	
Avillani W	Het		Short	Funeral O4 Delm	Home	10040		
23. PART I. Enter the diseases, or co	mplications that caused i	tha death. Do not	anter the mo	de of dvine au	ar, DE	19940		
IMMEDIATE CAUSE (Final	st only ona cause on eac	in lina.					rrest,	Approximata Interval Batween Onaat and Death
resulting in death) a.	Atherosch Due to (or as a c	CONSEQUENCE OF):	ndrain	sula 1)isass	2		3+TEAR?
Sequentially list conditions, if any, lasding to immediata cause. Enter UNDERLYING	DUE TO (OR AS A C		S					
CAUSE (Disease or injury that initiated aventa resulting in dasth) LAST	DUE TO (OR AS A C	ONSEQUENCE OF):						
d.								
PART II. Other significant conditions	contributing to death but	not resulting in ti	he underiving	Cause alven in	Port I 240 I	MAC AN ALTTORON		
CHIZONIC PONA	FAILTRE		underrying	oudse given in	Part 1. 248.	WAS AN AUTOPSY PERFORMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIDE TO
BORIDHERA U					10	YES 2 NO		COMPLETION OF CAUSE DF DEATH?
AT 1990 0100 07777								
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PL	ACE OF DEATH (Ch	eck only one)			
	Inpatient 2 ER/Outpati			5 Haaldenca	8 Other (Spec	city)		
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	28b. TIME OI	WO	JRY AT RK?	28d. DESCRIBE	HOW INJURY OF	CCURED	
2 Accident Investigation 3 Suicide 8 Could not be determined	28s. PLACE OF INJURY — building, atc. (Specify	At home, farm, atrea			28f. LOCATION City or Town	(Street and Number, State)	er or Rural Ro	oute Number,
29a. CERTIFIER								
(Check only	AN: To the best of my knowled On the basis of examination a	iga, death occurred at and/or investigation, in	t the time, date n my opinion, de	and place, and due	to the cause(a) a	and manner as at	eted. the cause(a)	and manner as stated
29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI				Month, Day, Year)

GROVE

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, FERCIER MC 132. REGISTRAN'S SIGNATURE The Daydson-Randelle

NOV 1 2 1991

Action of Principles

10V 12 1891 SUGA

OF VITAL RECORDS, P.O. BOX 13149, BALLIMOHE, MAHYLAND 21203-3146	s PHYSICIAN: The law requires that the death certificate be executed within 2 cours after death. Page 6 may be retained by the hospital or attending physician.	in this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Finance 1.2. a Life of the signed by the Amail Hygiene prior to burial, cremation, or removal.	arked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
OF VIIAL RECORDS, P.O. BOX 131	PHYSICIAN: The law requires that the death certificate be execu-	ir this certificate has been signed by the attending physician and completely filled in by the it with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	arked, or item 23 shows any injury, or other traumatic

		1. DECEDENT'S NAME (FI	rst. Middle I and)		J 60111111	ICALE	UF	DEATH	2. DATE OF DEAT	NO.	2	. TIME OF DEATN
				McLendor	7					MONTH 11	DAY 11	YEAR 91	1:30 P
ŀ		4. SOCIAL SECURITY NU		5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1	YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		6. BIRTNPL	ACE (State or Foreign
۱		213-01-1	792	1 🗆 M 2 😾 F	84	YRS.	MONTHS	DAYS	HOURS MIN.	(Month, Day, Yea 6-21-		BAL'I	IMORE, M
		9e. FACILITY NAME (If no		street and number)	0-1		9b. CITY, 1	TOWN O	R LOCATION OF			UNTY OF DEA	
	CTOR		Wi.co	mico Nurs	sing HO	ne		Sal	isbury			Wicom	ico
4	5	RESIDENCE OF D	10b. COUN	TY		10c. CIT	Y. TOWN OR	LOCATI	ON				Od. INSIDE CITY
ĺ	DIRÉ	MD.		OMICO		100,000			SBURY				LIMITS?
		10e. STREET AND NUMBE						_	ZIP CODE		10g. Cf		AT COUNTRY?
	ER/	WICO	MICO	NURSING	HOME				21	801		U.S.A	۸.
BY FUNERAL		MARITAL STATUS 12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D					yes, spe		ANIC ORIGIN? (Specificen, Puerto Ricen, etc.)		Black, 1	- American Indian, White, etc. WHITE	
			ECEDENT'S EE		16e.	DECEDENT'S (Give kind of	USUAL OCC	UPATIO	N of working	16b. KIND OI	BUSINESS/IN	NDUSTRY	
LETED	Elementary/Secondary	5+)	life. Do NOT u	se retired.)		it of working							
	COMPL			2		HOM	EMAKE	ER			MOH N		
		17. FATNER'S NAME (First		T 3 1/ 1/3 1	MOOTE					IAME (First, Middle, Ma			
TO BE COM	19e. INFORMANT'S NAME	WILL (Type/Print)	IAM MAI	NGOLD	19h MAILING	ADDRESS /	(Street a		OLINE J				
			ATTORNI	EV									
		VICTOR LAWS - ATTORNEY P.O. BOX 75, SALISBURY, MD. 21803 200. METNOD OF DISPOSITION (Name of competery, cramatory or 20c. LOCATION - City or Town, s											n, State
		1 Donetion 5 Ott		moval from State		LING:	ON N	JAT	L CEME	TERY	ART.TN	GTON.	VIRGINT
		22. NAME AND ADDRESS OF FACILITY BOUNDS FUNERAL HOME, SALISBURY, MD.											
		23 PART I. Enter tha dieaeses, or complications thet ceuead the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heert failure. Est only one ceuee on each line. IMMEDIATE CAUSE (Final dieaee or condition reculting in dasth) Due to (or as a consequence of):											Approximate Interval Betwee Onset and De
		resulting in dastil)			•		OF):						
	NO	Sequantielly list con-		Ar Ar	teriosc	leros	is						
	ATION		nediate	b. Ar	terioso	leros	is						
	IFICATION	Sequentielly list con	mediate LYING	b. Ar DUE T	terioso	leros SEQUENCE O	is of:						
	RTIF	Sequantielly list con if any, laeding to imi ceuse. Enter UNDER CAUSE (Disease or I	nediate LYING njury	b. Ar DUE T	terioso TO (OR AS A CON TO	leros SEQUENCE O	is of:						
	MEDICAL CERTIFI	Sequentielly list con if any, leeding to imi ceuse. Enter UNDER CAUSE (Diseese or I that initiated events	nediate LYING njury AST	b. Ar DUE T c. Ag DUE T	rteriosc co (or as a con ge co (or as a con to death but no	Cleros SEQUENCE O SEQUENCE O	is is F):	derlying	g ceuse given	PE	IS AN AUTOPS' RFORMED? ES 2 NO		WERE AUTOPSY FINDIN AWAILABLE PRIDR TO COMPLETION DF CAUSI OF DEATN? 1 YES 2 NO
	MEDICAL CERTIFI	Sequantielly list con if any, laeding to im- ceuse. Enter UNDER CAUSE (Diseese or I that initiated events resulting in daeth) L	nediate LYING njury AST lcant conditi	b. Ar DUE T c. Ag DUE T d one contributing to	rteriosc co (or as a con ge co (or as a con to death but no	Cleros SEQUENCE O SEQUENCE O	is is F):			1 🗆 Y	RFORMED?		AVAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATN?
	MEDICAL CERTIFI	Sequantielly list con if any, leading to limit cause. Enter UNDER CAUSE (Disease or I that initiated events resulting in daeth) L PART II. Other significations of the cause	nediate LYING njury AST lcant conditi	c. Ag DUE T d. One contributing to imer's Di	teriosc To (OR AS A CON (C) To (OR AS A CON No death but no Sease,	Eleros SEQUENCE O SEQUENCE O Ot resulting Advan	is in the und	26. PL	ACE OF DEATH (1 Y	RFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATN?
	SICIAN: MEDICAL CERTIFI	Sequentielly list con- if any, laeding to imi- ceuse. Enter UNDER CAUSE (Disease or I that initiated events resulting in daeth) L PART II. Other signif	nediate LYING njury AST lcant conditi	b. Ar DUE T c. Ag DUE T d	teriosc To (OR AS A CON TO (OR	Eleros SEQUENCE C SEQUENCE C OT resulting Advan	is in the und	26. PL : ing Nom 26c. INJ	ACE OF DEATN (1 🗆 Y	RFORMED? ES 2 □ NO		AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATN?
	Y PHYSICIAN: MEDICAL CERTIFI	Sequantielly list con if any, laeding to limit couse. Enter UNDER CAUSE (Disease or I that initiated events reculting in daeth) L PART II. Other signif 25. WAS CASE REFERRE EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5	nediate LYING njury AST lcant conditi	b. Ar DUE T c. Ag DUE T d one contributing to the contribution to the contri	teriosc To (OR AS A CON TO	Eleros SEQUENCE C SEQUENCE C OT resulting Advan	is in the und	26. PL : ing Nom 26c. INJ WO	ACE OF DEATN (Check only one)	RFORMED? ES 2 □ NO		AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATN?
	TED BY PHYSICIAN: MEDICAL CERTIFI	Sequantielly list con if any, laeding to limit couse. Enter UNDER CAUSE (Disease or I that initiated events reculting in daeth) L PART II. Other signif 25. WAS CASE REFERRE EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 2 Accident	mediate LYING njury AST Icant condition Alzhe:	b. Ar DUE T c. Ag DUE T d. One contributing to the contribution to the contributio	teriosc to cor as a con to death but no sease,	eleros sequence o sequence o tresulting Advan	is off: in the und OTHER 4 \(\text{Number} \) Number M OTHER OTHE	26. PL: ing Nom 26c. INJ 1 \	ACE OF DEATN (• 5 Residence URY AT RK? (ES 2 NO	Check only one)	RFORMED? ES 2 NO	OCCURED	MANILABLE PRIOR TO COMPLETION OF CAUS OF DEATHY 1 YES 2 NO
if the first the state of the s	ETED BY PHYSICIAN: MEDICAL CERTIFI	Sequentielly list con if any, laeding to imiceuse. Enter UNDER CAUSE (Disease or I that initiated events resulting in daeth) L PART II. Other signif 25. WAS CASE REFERREE EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 19 Natural 5 2 Accident 3 Suicide 6 4 Nomicide 29a. CERTIFIER (Check only 12 C	AST Icant conditi Al Zhe: Pending investigatio Could not be determined	b. Ar DUE T c. Ag DUE T d. One contributing to the contribution to the contributio	CO (OR AS A CON CO (OR	Eleros SEQUENCE C SEQUENCE C SEQUENCE C OT resulting Advan	OTHER 4 Q Nursi ME OF JURY M atreet, facto	26. PL: ing Nom 26c. INJ WO 1 1	ACE OF DEATN (o 5 Residence URY AT RK? /ES 2 NO o end place, end of	Check only one) a 6 Other (Specify 2ed, DESCRIBE Note: 1	POW INJURY O	DCCURED ber or Rural Ro	MANILABLE PRIOR TO COMPLETION OF CAU TO YES 2 NO
	TED BY PHYSICIAN: MEDICAL CERTIFI	Sequentielly list con if any, laeding to imiceuse. Enter UNDER CAUSE (Disease or I that initiated events resulting in daeth) L PART II. Other signif 25. WAS CASE REFERREE EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 19 Natural 5 2 Accident 3 Suicide 6 4 Nomicide 29a. CERTIFIER (Check only 12 C	Pending Investigation Pending Investigation Could not be determined ERTIFYING PN' EDICAL EXAM	b. Ar DUE T c. Ag DUE T d d Imer's Di HOSPITAL: 1 Inpattent 2 29e. DATE ((Month, per 1) 26e. PLACE buildin YSICIAN: To the best of	CO (OR AS A CON CO (OR	Eleros SEQUENCE C SEQUENCE C SEQUENCE C OT resulting Advan	OTHER 4 Q Nursi ME OF JURY M atreet, facto	26. PL: ing Nom 26c. INJ WO 1 1	ACE OF DEATN (o 5 Residence URY AT RK? /ES 2 NO o end place, end of	Check only one) a 6 Other (Specify City or Town, 26t. LOCATION (Scity or Town, tue to the cause(e) an	RFORMED? ES 2 NO DCCURED ber or Rural Ro	MANILABLE PRIOR TO COMPLETION OF CAU OF DEATHY 1 YES 2 NO	

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) Federico G.Arthes, MD

32. REGISTRAR'S SIGNATURE

31. DATE FILEO (Month, Day, Year)
NOV 1 2 1991

1622 A Ocean Pines, Berlin, Md. 21811

THOMAS C. Hill 31. DATE FILED (Month, Day, Ybar) NOV 1 2 1991

12. REGISTRAR'S SIGNATURE fruha Davidson-Randalle

FOR	STATE OF MARYL	AND / DEDAG	TREEN	T OF U	IEAITU	AND	LECNITAL	UVCIEN		32	320
1 - STATE REGISTRAR	SIAIL OF MARTI	CERTIF					MENIM	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)	MUR	RAY					2. DATE MONTI	OF DEATH DA	, 9	3.	3 35 Pm
4. SOCIAL SECURITY NUMBER 223-14-5227	5. SEX 6. AGE	(In yrs. last birthday) 72 YRS.	IF UNDE	DAYS	HOURS	MIN.	7. DATE (Mont) 2-14	OF BIRTH 1, Day, Year) 1 — 19		BIRTHPLA Country) VIRG	CE (State or Foreign
9a. FACILITY NAME (If not institution, give a	treet and number)		9b. CIT	Y, TOWN C	R LOCAT	ION OF DE	EATH		9c. COUNTY	OF DEAT	Н
WAKRUIRW HE	ALTH CARE C	enter	SA	lisbe	iry	m	מ		Wie	emi	CO
MD Wicomico Salisbury, MA								and 2	1801		LIMITS?
105 Times Squ			2.18				-		T COUNTRY?		
11. MARITAL STATUS	13		-		MIC OBIGIA	i? (Specify Yes	U.S.		American Indian		
1 Naver Merried 2 Married 3 Widowed 4 Divorced		If yes, sp.	acity Cub		in, Puerto I	Rican, etc.)	or No.	Bleck, W Specify: WH	American Indian, hita, atc.		
15. DECEDENT'S EOUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working								. KIND OF BUS	SINESS/INOUS		
Elementary/Secondery (0-12)	ille. Do NOT u	se retired.)	ist or work	HIY						
12 Years	l Year	UPOLST	ERE	R				UPOLS1			
17. FATHER'S NAME (First, Middle, Lest)								Middle, Maiden	,		
RHODES (UNK) RUE						-			RINER	_	
RUE JOHNSON								Y, MD	n, State, Zip Co 2 180		
20a. METHOD OF DISPOSITION 1 Burial 2 ACremation 3 Ram 4 Donation 5 Other (Specify)	oval from Stata	b. PLACE OF DISPO other place) SALISBURY				matory or			CATION - CITY		State ARYLAND
21. SIGNATURE OF FUNERAL SERVICE LIC		22. NAME AND ADDRESS OF FACILITY HOLLOWAY FUNERAL HOME 501 SNOW HILL RD SALISBURY, MD 21801									
23. Part I. Entar the diseases, or complications that caused the death. Do not entar the mode of dying, such as cardisc or respiratory errest, interval I										Approximata Intarval Betwee Onset and Da	
resulting in death)	DUE TO (OR AS	A CONSEQUENCE C		con							Hours
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in dasth) LAST b. Artury Sclero the Cerebro Vascular Des Suse. Due to (or as a consequence of): Due to (or as a consequence of):											
PART II. Other significant condition	s contributing to death	but not rasuiting	in the u	underlyin	g cause	givan in	Part i.	24a. WAS AN PERFOR 1 YES 2	MED?	AM CO OF	RE AUTOPSY FINDING ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Ou	tpatient 3 🗆 DOA	OTHE	R:			6 C Othe				
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. OATE OF INJURY (Month, Day, Year)			28c. INJ WC	JURY AT DRK? YES 2			Other (Specify) DESCRIBE HOW INJURY OCCURED			
3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJUR building, atc. (Sp.	(Y — At home, ferm, ec/fy)	street, fa	ctory, offic	a			ATION (Street or Town, State)	and Number or	Rural Rout	Number,
one)	ICIAN: To the best of my kno									euse(a) ar	ed manner as stated
296. SIGNATURE AND TITLE OF CERTIFIE				1		ENSE NU	MBER		29d. DATE S	IGNED (M	onth, Day, Year)
30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF D	EATH (ITEM 27) (Type	1ec	to	1)	080				-12	-91
THOMAS C. Hill	JR. 108	Pine Bl	uff	Rd.	Sal	lisbu	cry	Md	21801		

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

32. REGISTRAR'S SIGNATURE

Lingson-Randalle

	FOR					91	32321				
	1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF HEALTH AND ICATE OF DEATH	MENTAL HYGIENI REG. NO.	E					
	1. DECEOENT'S NAME (First, Middle, Last)		Me EL	-WMN	2. DATE OF DEATH	192	3. TIME OF DEATH				
-	4. SOCIAL SECURITY NUMBER 215-09-5162	5. SEX 6. AGE (I	1915	BIRTHPLACE (State or Foreign Country) MD							
TOB	90. FACILITY NAME (If not institution, give 5628 Pioneer Dr. RESIDENCE OF DECEDENT	oneer Dr. Baltimore									
FUNERAL DIREC	10a. STATE 10b. COUNT	Y		10d. INSIDE CITY LIMITS? 1 Dates 2 No							
VERAL	56 28 D	DNEER	DRIV	[= 101. ZIP COOE 2 /	214	10g. CITIZEN	OF WHAT COUNTRY?				
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	13. WAS DECENDENT OF HISPA If yee, specify Cuban, Maxie 1 YES 2 X NO Spec	an, Puerto Rican, atc.)		RACE — American Indian, Black, White, atc. Specify:				
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of w life. Do NOT use	USUAL OCCUPATION ork done during most of working a retired.)	16b. KINO OF BUS	INESS/INOUST	RY				
OM	12 17, FATHER'S NAME (First, Middle, Last)		Ho	omemaker	AME (First, Middle, Meiden S						
BE C	Howard Trumbo				Table Saund						
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	AOORESS (Street and Number or Rural			io)				
F	Richard E. McElv	wain	5628 P	ioneer Dr. Bal	to., MD 2	1214					
	20s. METHOO OF DISPOSITION 1 State 20s. Description 20s. Descript										
	Madelyn Witchell Shant 123 S. Washington St. Havre de Grace, MD 21078										
CEMIIFICATION	immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	a. OUE TO (OR AS A OUE TO (OR	CONSEQUENCE OF	Sacraf by Apening	vetasla Seppes		Approximate Interval Batween Onset and Death				
MEDICAL	PART II. Other significant condition	a contributing to death bu	t not resulting in	the underlying cause given in	Part I. 24e. WAS AN A PERFORM	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C)	neck only one)						
2	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpet		OTHER: 4 Nursing Home 5 Realdence							
BY PH	27. MANNER OF WEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. INJURY AT	28d. DESCRIBE HOW IN.	JURY OCCURE	0				
3	3 Suicida 6 Could not be determined	26s. PLACE OF INJURY - building, atc. (Specifi	At home, farm, at	reel, factory, offica	28f. LOCATION (Street an City or Town, State)	nd Number or Ru	ural Route Number,				
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE	CIAN: To the best of my knowled R: On the basis of examination	dga, death occurred	at the time, data and place, and due	to the cause(a) and mann	er so stated.	use(a) and manner as stated				
0 98 0	AND TITLE OF CERTIFIER	Muite		29c. LICENSE NUI			NEO (Month, Day, Year)				
	30. NAME AND A ODRESS OF PERSON WH	COMPLETED CAUSE OF DEAT	1 (ITEM 27) (Type, F	ong EVER	REEN	NE	Brat hel				

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BUNDAN MARLER BEGGGGGGGGGGGGG

	1. DECEDENT'S NAME (First, Middle, Last) CHARLES			1USGK	USGROVE		3 9	SEAR 10/5	
PLETED BY FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER 218-09-0962	5. SEX 6.	AGE (In yrs. last birthday 82 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3 15		BIRTHPLACE (State or Fo	
	90. FACILITY NAME (If not institution, give street end number) 4905 Parkton Court			9b. CITY, TOWN OR LOCATION OF DEATH Baltimore, Maryland					
	RESIDENCE OF DECEDENT 100. STATE 10b. COUN Maryland	тү		altimore					
	100. STREET AND NUMBER 4905 Parkton Cou	100. STREET AND NUMBER 4905 Parkton Court			Of. ZIP CODE 21229	Pharm.	10g. CITIZEN OF W		
	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR	YES 2 NO	If you, s	CENDENT OF HISPA	NIC ORIGIN? (Specify Year), Puerto Ricen, etc.)		I. RACE — American India Black, White, etc. Specify: White	
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4 or 5+)			T'S USUAL OCCUPATION of working and work done during most of working to use retired.) Ambassador Corp.					
BE COMPL	17. FATHER'S NAME (First, Middle, Lest) Charles Musgrove				Dais	NAME (First, Middle, Malden Surname) LSY Benson			
TO BE	Charles M. Musg:					Route Number, City or Townsaltimore,			
or other traumatic event, the medical examiner must ERTIFICATION	Till Burist Cemetton 3 Removal from State Cemetory cremetory or other place								
	disease or condition resulting in death)			VUIT	1 1/1/				
SERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	Meta Due to for Malig	AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE	OF): CAN	RCINOM		VSs'a	N	
MEDICAL C	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b. Meta Due to for Malig Due to for	STATIC AS A CONSEQUENCE ACA T AS A CONSEQUENCE	OF): CAN	RCINOM	EFF.	AUTOPSY RMED?	24b. WERE AUTOPSY FINANAILABLE PRIOR COMPLETION OF COMPLET	
SICIAN: MEDICAL C	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR MA I 'G DUE TO (OR DUE TO (OR d) d. HOSPITAL: 1 Inpertent 2 ER/	AS A CONSEQUENCE OF A C	OF): PLE OF): In the underlying 26. P OTHER: 4 □ Nursing Hore	RC(NOM	Part I. 24a. WAS AN PERFOI 1 YES 2 eck only one) 6 Other (Specify)	AUTOPSY RMED?	24b. WERE AUTOPSY FINANCIAL PRIOR 1 COMPLETION OF C. DF DEATH? 1 YES 2 N	
D BY PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions to the conditions of the con	DUE TO (OR DUE TO (OM d. ns contributing to dea HOSPITAL: 1 Inpatient 2 ER/ 288 DATE OF INJU (Month, Day, 16	AS A CONSEQUENCE OF A C	OF): CAP OF): PLE OF): 26. P OTHER: 4 Nursing Hor ME OF ME OF MURY M 1 W 1 W 1 W 1 OTHER: W 1 W 1 OTHER: W 1 W 1 OTHER:	CLACE OF DEATH (Charme 5 Realdence Juny AT DRK? YES 2 NO	Part I. 24a. WAS AN PERFOI 1 YES 2	AUTOPSY RMED? NO NJURY OCCUR	24b. WERE AUTOPSY FIN AWAILABLE PRIOR I COMPLETION OF C. DF DEATH? 1 YES 2 N	
ETED BY PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only) 1 CERTIFYING PHY:	DUE TO (OM DUE TO (OM DUE TO (OM d. The contributing to dea	AS A CONSEQUENCE OF A C	OF): CAP OF): 26. P OTHER: 4 Nursing Hor ME OF 28c. IN LIJURY M 1 atreet, fectory, officered at the time, date	PLACE OF DEATH (Chome 5 Residence JURY AT DRK? YES 2 NO	Part I. 24a. WAS AN PERFOI 1 YES 2 eck only one) 6 Other (Specify) 28d. DESCRIBE HOW 1 City or Town, State)	NJURY OCCUR	24b. WERE AUTOPSY FINANCIAL AMAILABLE PRIOR 1 COMPLETION OF C. DF DEATH? 1 YES 2 N	
TED BY PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only) 1 CERTIFYING PHY:	DUE TO (OR DUE TO (OR C. DUE TO (OR DUE TO (OR d. Ins contributing to dea HOSPITAL: 1 Inpatient 2 ER/ 28a. DATE OF INJU (Month, Day, Ye 26e. PLACE OF INJ building, etc. (AS A CONSEQUENCE OF A C	OF): CAP OF): PLC OF): 26. P OTHER: 4 Nursing Hor ME OF All Nursing Hor WY 1 atreet, fectory, officered at the time, date ton, in my opinion,	PLACE OF DEATH (Charme 5 Residence JURY AT DRK? YES 2 NO ce	Part I. 24a. WAS AN PERFOI 1 YES 2 eck only one) 5 Other (Specify) 28d. DESCRIBE HOW 1 City or fown, State) to the ceuse(e) end mar time, date end place, end #BER 9 8 2	NJURY OCCUR	24b. WERE AUTOPSY FINANCIAL AMAILABLE PRIOR 1 COMPLETION OF C. DF DEATH? 1 YES 2 N	

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CE	RTIFICA	TE OF	DEATH		REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH	_ YEAR	3. TIME OF DEATH
	FRANK KARL	MET	210			U	6	Oil	8:30 T
	4. SOCIAL SECURITY NUMBER 5. SEX	8. AGE (In yrs. last	birthday) IF UI	HE DAYS	IF UNDER 24 HRS.	?. DATE OF (Month, E		8. BIR Cour	THPLACE (State or Foreigntry)
	295-03-1426 1 x 2 □ F	81	YAS.	no DATO	HOURS WINE.	-	9 10		oslavia
	9a. FACILITY NAME (If not institution, give street and number)		9b. (CITY, TOWN	OR LOCATION OF DE	ATH		9c. COUNTY OF	DEATH
OR	5667BHarpers Farm Rd.			Colum	nbia			How	ard
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c. CITY, TOV	VN OR LOCA	TION				10d. INSIDE CITY
E	Maryland Howard		Colum						LIMITS?
	10e. STREET AND NUMBER		COLU		I. ZIP CODE			10g, CITIZEN OF	WHAT COUNTRY?
RA	5667 B Harpers Farm R	had			21044			U.S.A.	
FUNERAL	11. MARITAL STATUS 12. WAS DECEDE	NT EVER IN U.S. AR	MED		ENDENT OF HISPAN			or No- 14. RA	CE — American Indian,
BY		YES 2 N	0		ecity Cuban, Mexica 2		an, atc.)		eck, White, etc. ecity: White
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(0)	CEDENT'S USUA	ana duulna ma	ON St. of working	16b. K	IND OF BUSI	NESS/INDUSTRY	
	Elementary/Secondary (0-12) College (1-4 or 5		Do NOT use retin	90.)	ist or working				
MPL			FILLKIII	111					
COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Mid	ldie, Maiden S	umame)	
ш	Karl Medic				Joseph	ine Ko	orcin		
TO B	19a. INFORMANT'S NAME (Type/Print)				and Number or Rural				
-	Joan Sklar				d. West,	Colum			
	20e. METHOD OF DISPOSITION 1 Burtal 2 Cremation 3 Removal from State	other pla	ice)		metery, crematory or		20c. LOC	ATION — City or	Town, State
	4 🗆 Donation 5 🗀 Other (Specify)	Metr	o Crema				Cato	nsville	e, Md.
	21, SIGNATURE OF FUNERAL SERVICE LICENSEE	1-1			ND ADDRESS OF FA		INFRAT	HOME	
	Harry H. Wil	nike							City.Md.2
IFICATION	disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF): b. Due TO (OR AS A CONSEQUENCE OF): b. Due TO (OR AS A CONSEQUENCE OF): c. Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):								
CERTIFI	d								
MEDICAL C	PART II. Other significent conditions contributing to	D desth but not r	esulting in the	underlyin	g ceuss given in		PERFORI	WED3	4b. WERE AUTOPSY FINI AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO
AN: B									/
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? LOSDITAL: 26. PLACE OF DEATH (Check only one)								
YSIC	HOSFITAL.	☐ ER/Outpetient 3		HER: Nursing Hor	ne 5 Residence	8 🗆 Other (Specify)		
PH	27. MANNER OF DEATH 28s. DATE O (Month,	F INJURY Day, Yeary	28b. TIME OF		JURY AT ORK?	28d. DESC	RIBE HOW IN	JURY OCCURED	. 6
BY	2 Accident Investigation	tent 5 Pending 1/6/91 Um Kulling 1					2 KNO Suite hung self		
0	3 Suicide 8 Could not be 28a. PLACE OF INJURY — At home, tarm, street, factory, offica building, atc. (Specify) 28a. Could not be 28a. PLACE OF INJURY — At home, tarm, street, factory, offica City or Town, State)							al Route Number,	
EFE	4 Homloide determined 5667 B ATTENT FOLK Rd. Columbia Mil.								
MPL	29e. CERTIFIER (Check only one) 1 CERTIFVING PHYSICIAN: To the best of MEDICAL EXAMINER: On the basis of								e(a) and manner as str
8	290. SIGNATURE AND TITLE OF GERTIFIER				29c. LICENSE NU	MBER		29d. DATE SIGN	ED (Month, Day, Year)
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)			▶ ~	
0	round. It my								
TO BI	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CA				e Way	Elle	cotto	ih ko	21047

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

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UK ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending pr	JIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bi	th.	
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32324 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 9YEAR Charles Merryman 1 MONTH 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH S. BIRTNPLACE (State or Foreign country). Laryland 213-09-6156 DAYS HOURS (Month, Day, Yeer) 1 X M 2 F YRS. 6 1916 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c, COUNTY OF DEATN Carroll County General Hospita Westminister Carroll RESIDENCE OF DECEDENT DIRECT toa, STATE tob. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY woodbine aryland Carroll 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER tot. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1809 Gum Rd. 21797 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yas or No-I1 yea, specify Cuban, Maxican, Puarto Rican, atc.) t4. RACE — American Indian, Black, White, atc. 2 NO t Never Married 2 Married IF YES, GIVE WAR OR DATES BY 1 YES 2 NO Specify 3 🕅 Widowed 4 🗌 Divorced Specify: hite COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elamentary/Secondary (0-12) College (t-4 or 5+) Custodian Board of Education grade must be notified at once. 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) (Green) Merryman Stanley Merryman Althea Rose BE 19a. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)
931 Oella Ave. Ellicott City, Ind. 2 Shirley Mellor 21043 20a. METNOD OF DISPOSITION
1 Surial 2 Cremation 3 Ramoval from State
4 Donation 5 Other Co. 20b. PLACE AND DATE OF DISPOSITION (Name of cametery, crametory or other place) 20c. LOCATION - City or Town, Stata DATE Donation 5 Other (Specify) Oakland Md. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Slack Funeral Home M00535 3871 Old Columbia Pike, E. C. Md.21043 medicai 23. PART / Enter the diseasa, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate ahock, Dr heart fallure. List Dnly Dne cause Dn each line. Intervel Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition broute myocarde resulting in death) marked, or item 23 shows any injury, or other traumatic event, MIN DUE TO (OR AS A CONSEQUENCE OF commercy CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) 125 If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury (everel DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS Alzhenry, COPD, exophregal AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 TYES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) OTHER:
4 Nursing Nome 5 Residence 6 Other (Specify) t TYES 2 NO t | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATN 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE NOW INJURY OCCURED 5 Pending Investigation NJURY 1 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, 1arm, straet, 1actory, offica building, atc. (Specify) ETED ! 3 Sulcida S 281, LOCATION (Street end Number or Rural Route Number, City or Town, State) 6 Could not be 4 Nomicide 500 29a. CERTIFIER (Check only CERTIFYING PNYSICIAN: To the best of my knowledge, desth occurred at the time, data and place, and due to the ceuse(a) and manner as stated. COMPL TO THE HOSPITAL OF THE FUNERAL DE FILE WITHIN 72 HOURS IMPORTANT: If it THE HOSPITAL (THE FUNERAL (Filed within 72 h 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) 006288 (1 13 91 2 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

4801 DOISE4

32, REGISTRAR'S SIGNATURE

while Davidson-Randale

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MOWIN

31. DATE FILED (Month, Day, Year)

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Ellicott City WW 21042

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	DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours af	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by
)	PHYS	this
	DING	After
)	ATTEN	CTOR
	OH OH	OIR

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest) LOIS JANE NOLAN					2. DATE OF DEATH MONTH DA NOVEMBER	4, 1991	3. TIME OF DEATH 9:37 A ^M
	4, SOCIAL SECURITY NUMBER 214 14 7511	5. SEX 6. AG	iE (In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11/18/2	Coun	HPLACE (State or Foreign try) RYLAND
OR	9a. FACILITY NAME (If not institution, give s SACRED HEART HOS				OR LOCATION OF D		9c. COUNTY OF	DEATH
DIRECTOR	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNT			y, TOWN OR LOCA		/ // 0110 -	7773	10d. INSIDE CITY LIMITS? 1 ☐ YES 2 ☑ NO
FUNERAL D	MARYLAND ALI too. STREET AND NUMBER RT. 1. BOX 28	EGANY		ROSTBUR	21532	(KLONDI	10g. CITIZEN OF	WHAT COUNTRY?
BY FUNE	11. MARITAL STATUS 1 Naver Married 2 Married 3. Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YI IF YES, GIVE WAR OF	S 2 NO	If yes, s	CENDENT OF HISPA	NIC ORIGIN? (Specify Yas an, Puarto Rican, atc.) fy:		DE — American tndlen, ck, White, atc. cify:
ETED	ts, DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	ICATION	16a. DECEDENT'S (Give kind of life. Do NOT u	USUAL OCCUPAT work done during m se retired.)	ION ost of working	16b. KIND OF BUS	SINESS/INDUSTRY	WHITE
COMPLETED	1.0	Conega (1-4 of 5-7)	HOUSE	EWIFE	18. MOTHER'S NA	OWN		
В	GEORGE ALLEN				JEN	INTE GARD	NER	
8	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Route Number, City or Tow.		
2	SANDY FRENZEL					BALTIM		21222
	20e. METHOD OF DISPOSITION 15 Burlel 2 Cremetton 3 Rem 4 Donatton 5 Other (Specify)	noval from Stata	2Db. PLACE AND DAT of cemetary, crematory ST. JOSE	E OF DISPOSITIO			CATION — City or	Town, Stata
	23. PART I. Enter the disassea, pr shock, pr heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Epmplications that ceu		60 W		ST., FRO		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avents resulting in death) LAST	to DUE TO (OR A	S A CONSEQUENCE O	Here and Co	t Trilg Vetrus Ycien	erefle cy	Mythe 10 Di	les e
MEDICAL	PART II. Opilir significant condition	ns contributing to deat	to but not resulting	in the undertyle	THE CO	PARTIL 24a, WAS AMPERFOI	RMED7	III. WERE AUTOPRY FINDING MAIL ABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 3 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 17 YES 2 WIND	HOSPITAL:	Outpatient 3 [] DOA	OTHER:	PLACE OF DEATH (C)			X I I
Y PHYSICI	27, MANNER OF DEATH 1 Natural 5 Pending	28s. DATE OF INJUST	RY 28b. TR	AE OF 28c. III	AURY AT TORK? VES 2 NO	8 (1 Other (Specify) 26d, DESCRIBE HOW (NUMY OCCURED	EUJ 47
TED BY	3 Suicide 6 Could not be determined	28s. PLACE OF INJ truliding, etc. 0	URY — At home, farm, Specify)	street, factory, off	ice	28f. LOCATION (Street City of Years, State)		/ Route Mumber
COMPLE	0001	SICtAN: To the best of my k						e(a) and manner as stated.
TO BE C	29b. BIGNATURE AND TITLE OF CERTIFIE	yun of	2 .	642	29c. LICENSE NO	95 /	29d. DATE SIGN	ED (Month, Day, Year)
_	30. NAME AND ADDRESS OF PERSON W	It, mo	18 TARI		ACE,	FIROSTBU	189.11	nd. 21535
	NOV 0 8 1	32. REGISTRAR'S S	4dson-Rando	00				

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 2. Hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL OHECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnal-transit permit. Pages 1, 2, 3 he filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal. cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE	STATE OF MARYLAND /	DEPARTMEN	T OF HEALTH AND I	MENTAL HY		- 020
_	REGISTRAR	CE	ERTIFICAT	E OF DEATH	RE	G. NO.	
	1. DECEDENT'S NAME (First, Middle, Lest) CARL	NYE			2. DATE OF DE		3. TIME OF DEATH
		SEX 8. AGE (In yrs. las	YRS. IF UNDE	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIF (Month, Day. 01-22-	Year)	BIRTHPLACE (State or Foreign Country) ennsylvania
OR	90. FACILITY NAME (It not institution, give street Baltimore County G			Y, TOWN OR LOCATION OF DI Randallstow		9c. COUNTY Ba.	of DEATH Itimore
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE Maryland Carro	ll County	10c. CITY, TOWN Sykes				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	100. STREET AND NUMBER 6803 Carroll High	hlands Road		101. ZIP CODE 21784			of what country?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	. WAS DECEDENT EVER IN U.S. AF FORCES? 1 TYES 2 THE IF YES, GIVE WAR OR DATES	RMED 13	WAS DECENDENT OF HISPAI If yea, specify Cuben, Mexico 1 YES 2 NO Specif	n, Puerto Ricen,		RACE — American Indian, Black, White, etc. Specify: White
COMPLETED		college (1-4 or 5 +)	. Do NOT use retired.	during most of working)		OF BUSINESS/INDUS	
E COMF	12 17. FATHER'S NAME (First, Middle, Last) Louis Nye		Cabinet 1	18. MOTHER'S NA		Maiden Sumame)	gindustry
0	19e. INFORMANT'S NAME (Type/Print)	19	b. MAILING ADDRE	SS (Street and Number or Rural		2	de)
2	Mrs. Esther L. Nye	9 (6803 Car	roll Highland	ds Road	Sykesvill	Le, MD 21784
	20e. METHOD OF DISPOSITION 1	from State other pi	lace)	lame of cometery, crematory or		20c. LOCATION — CITY Hampstead	
	21. SIGNATURE OF FUNERAL SERVICE LICENS BUAN K	. Waight	1	NAME AND ADDRESS OF FA HAIGHT FUNERA Sykesville, N	AL HOME	(P.O. Box	x 195)
	23. PART I. Enter the disesses, or com- shock, or heert feliure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)	pilications that eaused the dot only one cause on each line Myocar di DUE TO (OR AS A CONSE	.		ch as cardiac o	r reapiratory arrest	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE					
PHYSICIAN: MEDICAL CI	PART II. Other significant conditions of Renal Insuffi		resuiting in the	underlying cause given in		WAS AN AUTOPSY PERFORMED? YES 2 X NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	OTHI	26. PLACE OF DEATH (CI		oikit	
BY PHY	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK?		E HOW INJURY OCCUP	RED
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, street, fa	octory, office	281. LOCATION C/ty or Tow	(Street and Number or n, State)	Rural Route Number,
COMPLETED	(Oriota oriny	N: To the best of my knowledge, d On the basic of examination end/or					
TO BE C		M·D.		DY/	429	29d. DATE S	IGNED (Month, Day, Year)
	IF 30 NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DEATH (ITE	M 27) (Time Print)				

BALTIMORE

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randalle

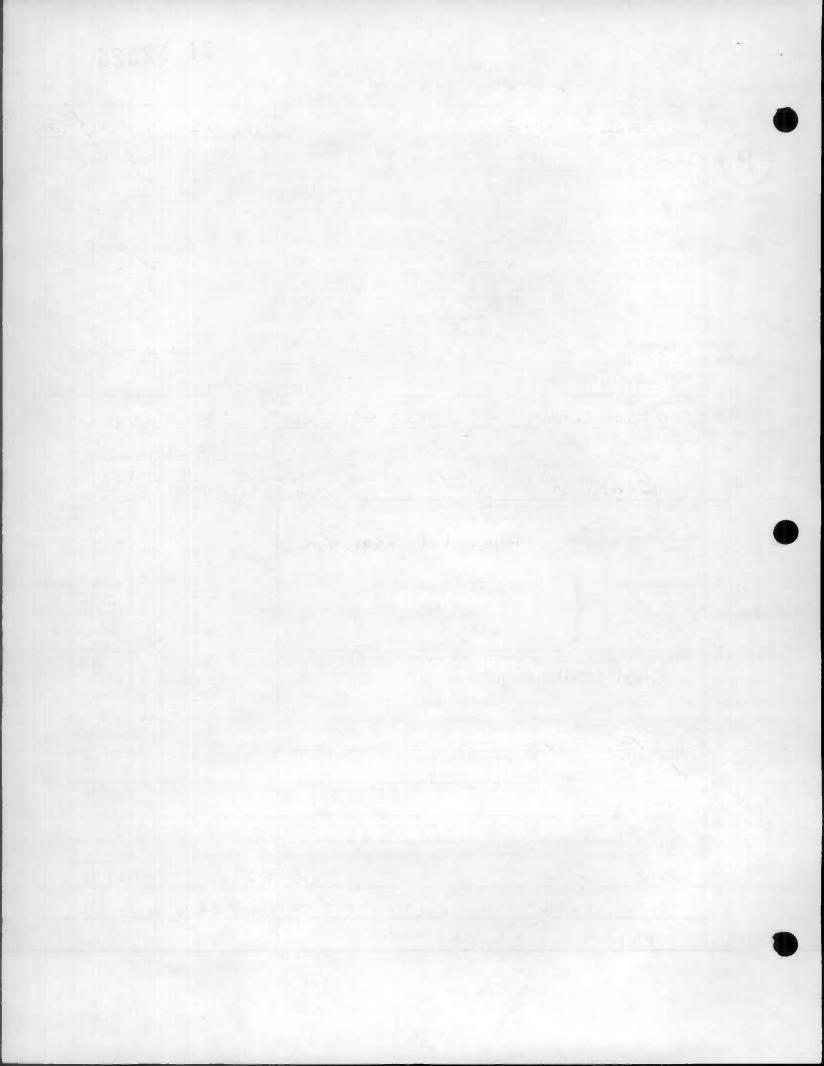
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

JORGE MUJICA M-D - BALTIM

31. DATE FILED (Month, Day, Year)
NOV 1 3 '9

GAVERAL

COUNTY



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

for 1 - STATE REGISTRAR	STATE OF M			RTMENT OF			MENTAL HYGIE		3	2327
1. OECEDENT'S NAME (First, Middle, Las	1)						2. DATE OF DEATH			3. TIME OF DEATH
Charles	H	enry		Nicl	nols	, Sr	. To 2	24	9T	10:06p
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	lest birthday)	IF UNDER 1 YEAR		R 24 HRS.	7. DATE OF BIRTH		8. BIRTI	HPLACE (State or Foreign
221-20-9285	1 → M 2 □ F	64	4 YRS.	MORTINS DAY:	HOURS	Mild"	05 02 1	927	Ma.	ryland
9a. FACILITY NAME (If not institution, give				9b. CITY, TOW		ION OF D	EATH	9c. COL	INTY OF D	DEATH
Memorial Ho	spital			Eas	ton			Ta	albo	t
RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	ITY		10c CIT	Y, TOWN OR LO	CATION				-	
Maryland	Carol	ino								10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	Caron	THE		Ridge	ELY 101, ZIP COL	E		1 40 - 017		1 YES 2 XNO
Memorial Ho RESIDENCE OF DECEDENT 10a. STATE 10b. COUN Maryland 10a. STREET AND NUMBER Eveland Road 11. MARITAL STATUS	D+	1 Dos	. 127						U.S	
11. MARITAL STATUS	12. WAS DECEDEN	1 BOX			216		HC ORIGIN? (Specify Y			
	FORCES? 1 IF YES, GIVE W	YES 2	NO	If yee,	specify Cub	en, Mexice	n, Puerto Rican, etc.)	me or No-		E — American Indian, k, White, etc.
3 Widowed 4 Divorced	1 120, 4112 11	MAN ON OATES		101	ES 2 []\\0	Specifi	y:		Spec	
15. DECEDENT'S ED (Specify only highest gra-	UCATION	16e.	OECEDENT'S	USUAL OCCUPA	TION		16b. KIND OF B	USINESS/IN	Blad	2.13
Elementery/Secondary (0-12)	College (1-4 or 5 +		life. Do NOT us	work done during se retired.)	most of work	ng				
8 years	None		Tru	ck Dr	ver		Tran	spor	ting	g Grain
15. DECEDENT'S ED (Specify only highest graund processes) Elementery/Secondary (0-12) 8 Years 17. FATHER'S NAME (First, Middle, Last)					18. MOT	HER'S NA	ME (First, Middle, Maide	n Surname)		
Lacy Ewing					1	7iol	a Nicho	ls		
196. INFORMANT'S NAME (Type/Print)							Route Number, City or To			
Shirley Thoma	as		Rt.	1 Bo	ox 13	37,	Ridgely,	MD	2166	50
20a. METHOO OF DISPOSITION [X] Burlal 2 ☐ Cremetion 3 ☐ Ra	movel from State			OF DISPOSITION	Neme of		OATE 20c. L	OCATION -	City or To	nwn, State
4 Oonation 5 Other (Specify)		Sand	dtown	cemet	erv		10/29 Hi	11sb	oro	, Marylan
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	h		22. NAME	AND AODRE	SS OF FA	CILITY			7 2 0.2.
1 + Kaudo	eut. 1,	100Y	re				al Home, enton, M			0-600
immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	OUE TO	(OR AS A CONS	EOUENCE OF	7):	lar		Sclo	NS	4	Onset and Deat
PART II. Other algnificant condition	d.	death but not	resulting	n the underlyl	ng cause	given in		RMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF OEATH? t YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				36	DI ACE OF O	EATH (Ch				
EXAMINER?	HOSPITAL:	EB/Outpet	Jan.	OTHER:			ck only one)			
27. MANNER OF DEATH	28a. OATE OF		28b. TIM		JURY AT	aldence	6 Other (Specify)	BI HIDY OO		
1 Natural 5 Pending	(Month, De			URY V	YES 2	7 40	28d. OESCRIBE HOW	INJURY OC	CUREO	
2 Accident Investigation 3 Suicide & Could not be	26e, PLACE OF	F INJURY At I	nome farm e	traet, fectory, off		110	284 LOCATION (Com-	and Atomber		
4 Homicide 6 Could not be	building,	etc. (Specify)		,,	·oa		26f. LOCATION (Street City or Town, State)	or murair n	oure number,
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	SICIAN: To the beat of ex	my knowledga, o	feath occurre	d at the time, da	te end place	, end dua	to the cause(e) end mo	enner ea atai	ted.	and menner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE						NSE NUM				(Month, Day, Year)
James &	den				D	21	276	DATE DATE	10-	-75-9/
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUS	E OF DEATH (IT	PM 27) (Type.	Print)	1	1	2/ 0		,	00.11
James	Sakla	> <	10	Box	- LPC	75	Do.	1/	-	10
31. DATE FILEO (Month, Day, Year)	32. REGISTRAI	R'S SIGNATURE	Sanda DO	17.7/	- 1	10	Me d	1	01	
NCT 28 '91	Jane De	mason-N	MINER							

X 68760.	
BOX	1
P.O.	
RECORDS.	
OF VITAL	
DIVISION	

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 5 may be retained by the hospital or attending physician.	TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director page 5 should be detached for use as the burgator	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
SPITAL OR ATTENDING PH	NERAL DIRECTOR: After thi	hin 72 hours after death w	NT: If Item 28 is mark
TO THE HO	TO THE FU	be filed wit	IMPORTA

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last))		ERTIF	1 1	- 01	DEA			REG. NO			3. TIME OF DEATH
	HATTIE	CANNON		N	EK	SON		MONT		AY T	YEAR G	2200
4. SOCIAL SECURITY NUMBER 157–18–6613	5. SEX	6. AGE (In yrs. I	last birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	(Mont	of BIRTH	1909	Country	PLACE (State or Foreig
99. FACILITY NAME (If not institution, give PENINSULA GI	Street and number)	SPITAL				SBUR			,_,	9c. COU	WICON	EATH
RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	TV											
MD.	WICOMICO		10c. CI1	ry, town o		ND V						10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	***************************************			11103		. ZIP CODI		-		10g. CIT	IZEN OF W	1 YES 2 NO
P.	.O. BOX 38	В				218	26				USA	
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 X	NO	- 11	f yes, spe	ENDENT O	n, Mexice	n, Puerto	N? (Specify Ye Ricen, atc.)	a or No	14. RACE Black Specif	- American Indien, White, etc.
15. DECEDENT'S ED (Specify only highest grad		160. 0	DECEDENT'S	USUAL OC	CCUPATIO)N	a	166	. KIND OF BU	SINESS/INC	DUSTRY	
Elementery/Secondery (0-12) 6th	College (1-4 or 5	+)	MESTI	se retired.)						SEKEE	PER	
17. FATHER'S NAME (First, Middle, Last) LITTLE	TON CANNO	ON				16. MOTH			Middle, Maiden		NSENI)
19e. INFORMANT'S NAME (Type/Print)			96. MAILING	ADDRESS	(Street e	nd Number			ber, City or Tox			
HENRY A. POLK				E AS								
20e, METHOD OF DISPOSITION 1 Burlel 2 Cremetlon 3 Rei 4 Donation 5 Other (Specify)	moval from State	20b.PLACE cemetery, c	MARY OF	OF DISPOSIT	IST	me of	CEM.	11-	13 PR	INCES	City or Tov	NE, MD.
	The state of the s			W/11 12		_					O WIAI	1 1 1 1 1
21. SIGNATURE OF FUNERAL SERVICE L 22. PART I. Enter the diseases, or shock, or heart failure	Selley complications the	t caused the d	ieeth Do	JO SA	DLLE LIS	Y MEI BURY	ORI.	AL C 21	HAPEL, 801	RTE	. 2,	BOX 920
· Louin b	complications that List only one cau	t caused the d	leeth. Do r	SA	LISI	Y MEN BURY	MORI,	AL C	HAPEL, 801 diac or resp	RTE	. 2,	BOX 920 Approximate Intervel Between
22. PART I. Enter the diseased, or abook, or heart failure IMMEDIATE CAUSE (Finel disease or condition	complications the List only one cau a. Due to b. Due to c.	t ceueed the d	EOUENCE DI	SA POT TO SEPTEMBER 1	LISI	Y MEN BURY	MORI,	AL C	HAPEL, 801 diac or resp	RTE	. 2,	BOX 920
22 PART I. Enter the diseased, or shock, or heart failure immediates or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that intitleted evente resulting in death) LAST	a. DUE TO DUE TO d.	t ceueed the dee on each lin VOVI (OR AS A CONSE	EOUENCE OF	SA NOT ENTER IN THE PROPERTY OF THE PROPERTY O	the moo	O ADDRESS Y MEI BURY de of dyl	MORIA MORIA	AL C a 21 h es cerc	HAPEL, 801 diac or resp	RTE	. 2,	BOX 920 Approximate Intervel Between
21 PART I. Errer the diseases, or ashock, or heart failure iMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditions, if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente	a. DUE TO DUE TO d.	t ceueed the dee on each lin VOVI (OR AS A CONSE	EOUENCE OF	SA NOT ENTER IN THE PROPERTY OF THE PROPERTY O	the moo	O ADDRESS Y MEI BURY de of dyl	MORIA MORIA	AL C a 21 h es cerc	HAPEL, 801 diac or resp	RTE Iretory err	a 2,	BOX 920 Approximate Intervel Between
22. PART I. Enter the diseased, or shock, or heart failure importance, or heart failure importance, or heart failure disease or condition. Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST PART II. Other significent conditions.	DUE TO DUE TO DUE TO C. DUE TO DUE TO DUE TO	t ceueed the dee on each lin VOVI (OR AS A CONSE	EOUENCE OF	SA NOT ENTER IN THE PROPERTY OF THE PROPERTY O	The moo	O ADDRESS Y MEI BURY de of dyl	WORI, MD	Pert I.	HAPEL , 801 diac or resp 1-2 24a. WAS AN PERFOR 1 YES 2	RTE Iretory err	a 2,	Approximate Intervel Betwonset end De Onset
PART II. Erner the diseases, or shock, or heart failure immediate CAUSE (Finel disease or condition recuiting in deeth) Sequentially list conditiona, if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST	DUE TO d. complications that List only one cau DUE TO DUE TO DUE TO DUE TO	t ceueed the dee on each lin VON (OR AS A CONSE	EOUENCE OF	SA NOT ENTER IN THE PROPERTY OF THE PROPERTY O	derlying	O ADDREST O ADDREST O ACE OF DE	WORI, MD ng, eucl	Pert I.	HAPEL , 801 diac or resp 1-24a. WAS AN PERFOR 1 YES 2	RTE Iretory err	a 2,	Approximate Intervel Betwonset end De Onset
21 PART I. Erner the diseased, or shock, or heart failure immediate CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditiona, if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated evente resulting in death) LAST PART II. Other significant conditionally the conditional cause of the conditional cause of the conditional cause of the cause of	DUE TO	t ceueed the dee on each lin VOV (OR AS A CONSE (OR AS A CONSE deeth but npt	EQUENCE OF TOWNS OF THE PROPERTY OF THE PROPER	SA S	derlying 28. PL: Ing Home 29c. INJU WOF	O ADDRESTY MEIN BURY MEIN BURY de pf dyi	iven in i	Pert I.	HAPEL , 801 diac or resp 1-24a. WAS AN PERFOR 1 YES 2	RTE Iretory err	2, reet,	Approximate Intervel Betwonset end De Onset
22. PART I. Erner the diseased, or shock, or heart failure immediate CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditiona, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST PART II. Other significant conditional cause in the conditional cause in the conditional cause in the	DUE TO b. DUE TO c. DUE TO d	t ceueed the dee on each lin VOV (OR AS A CONSE (OR AS A CONSE deeth but npt	EOUENCE OF	SA S	derlying 26. PL: ing Home 22c. INOI	O ADDREST MEIN BURY AT ARY AT ARY MES 2	iven in i	Pert I.	HAPEL , 801 diac or resp 1-e 24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED? NO	24b.	Approximate Intervel Between Onset end Do On
22. PART I. Emer the diseased, or shock, or heart failure immediate disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation investigation and investigat	DUE TO t ceueed the dee on each lin VON (OR AS A CONSE (OR AS A CON	EOUENCE OF TESTING IN THE INTESTINATION OF THE INTE	SA Not enter to SA Note that the uncomparison of the same to the uncomparison of the	derlying 26. PLI: ing Home 28c. INJL WOY, office	O ADDRES Y MEI BURY MEI BURY de of dyl	iven in (Pert I. Pert I. Cally on the caucht of the	HAPEL , 801 diac or resp 24a. WAS AN PERFOR 1 VES 2 r (Specify) CRIBE HOW I	AUTOPSY AMED? NO NJURY OCC	2 2, reet,	Approximate Intervel Betwonset end De Conset	
22. PART I. Emer the diseased, or shock, or heart failure immediate disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation investigation and investigat	DUE TO t ceueed the dee on each lin VON (OR AS A CONSE (OR AS A CON	EOUENCE OF TESTING IN THE INTESTINATION OF THE INTE	SA Not enter to SA Note that the uncomparison of the same to the uncomparison of the	derlying 26. PLI: ing Home 28c. INJL WOY, office	O ADDRES Y MEI BURY MEI BURY de of dyl	iven in i	Pert I. Pert I. Cally only on the call time, deta	HAPEL , 801 diac or resp 24a. WAS AN PERFOR 1 VES 2 r (Specify) CRIBE HOW I	RTE Iretory err AUTOPSY AMED? NO NJURY OCC and Number	24b.	Approximate Intervel Betwonset end De Onset	
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within after death. Page 6 may be retained by the hospital or attending physician.	urs after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely it will by the funeral director, page 5 should be detached for use as the burial-transit permit.	have in by the funeral director, page 5 should be detached for use as the bunal-transit permit.
be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene phor to burlai, cremation, or removal.	ion, of removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	he medical examiner must be notified at once.

2

	iddle, Last)		- 02		IOAIL		DEATH		REG.	' H	EAR 3. T	IME OF DEATH
	DERS	SR						1	1	3 91		5:55 a
246 64 6195 98. FACILITY NAME (If not institute)	1 0	M 2 □ F	AGE (In yrs. lest	VRS.	MONTHS MONTHS	DAYS	HOURS M	in. (M	onth, Day, Yel	ar)	Country)	CAROLINA
TA MEDITALI OF	ENTER	na nanaa,				г но		J. DEAIN			TMORI	3
MARYLAND A	NNE ARI	JNDEL			v, town o NAPOI	LIS					1 [INSIDE CITY LIMITS? YES 2 NO
1400 FOXWOOD	COURT						21401			USA	N OF WHAT	COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 M 3 Widowed 4 Divorce		was decedent in forces? 1 (2) if yes, give war 10/61	EVER IN U.S. ARI VES 2 N OR DATES 2/17/			If yes, spe	cify Cuban, N			D.)	RACE — A Black, Wh Specify:	mericen Indian, ite, etc.
15. DECEC (Specify only h Elamentary/Secondary (0-1)	ENT'S EDUCATION Ighest grade comp (c)	N bleted) Hega (1-4 or 5+)	(Gi	CEDENT'S Ve kind of the Do NOT us	work done se retired.)	during mo	N st of working		18b. KIND O	elt 6		-Elect
17. FATHER'S NAME (First, Mick MARSHALL,	lle, Last)	ORDERS					16. MOTHER ETHEL		st, Middle, M	alden Surname) MOSES		1103
19a. INFORMANT'S NAME (Typ	OPTINI)	5	190	MAILING	S ADDRESS	S (Street a	nd Number or	Rural Route I	lumber, City o	or Yown, State, Zip Co	ede)	10214
20a, METHOD OF DISPOSITIO t Burial 2	3 🗆 Ramoval	from Stata	20b. PLACE other pla		SITION (No	ime of cen	netery, cremato	yor	20	Cocation - ch	y or Town.	e mc
21. SIGNATURE OF FUNERAL	SERVICE LICENS	EE	7		B	ARRA	NCO FU	JNERAI	_ HOME	E SEVERNA	PARK	, MD
23. PART I. Enter the dia ehock, or hee IMMEDIATE CAUSE (Fine disease or condition resulting in death)	rt fellure. List	only one badse		OMA	not enter	the mo	de of dying					Approximate interval Betwee Onset end Dee
Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated evente resulting in death) LAST	ete G		R AS A CONSEC					101				
PART II. Other significen				- 5		nderlyin	g ceuse give	en in Part	PE	AS AN AUTOPSY ERFORMED? YES 2 X NO	COI	RE AUTOPSY FINDING: ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
SICK SINU LEFT NEPH					OTHE	R:	LACE OF DEAT					
LEFT NEPH 25. WAS CASE REFERRED TO EXAMINER?	H	OSPITAL:	ER/Outpstlent 3	□ DOA	1 4 L Nu					,,		
25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NOT 27. MANNER OF DEATH 1 Netural 5 P	H4	OSPITAL: Inpetient 2 1 1 28a. DATE OF II (Month, Day	JURY	28b. TH		28c. IN.	PURY AT DRK? YES 2	28d.	DESCRIBE I	HOW INJURY OCCU	RED	

30

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)
BALA S. DUGGIRALA, M.D., 9600 NORTH POINT ROAD, FORT HOWARD, MARYLAND 21052

NOV 1 2 199 PER REGISTRAN TIGNATURE 9

Buit George Huther MO seterans come come ille MO TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				ERTIFI	CATE	OF	DEATI	H	F	REG. NO.				
1. DECEDENT'S NAME (First	, Middle, Last)								2. OATE OF	DEATH			3. TIME OF DEAT	TH
Ronald Way	ne PAY	TON, Sr.							Nove	nhar		1991		M
4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs. I	last birthday)	IF UNDER	1 YEAR	IF UNDER 24	4 HRS.	7. DATE OF	BIRTH	1/,		HPLACE (State or Fo	n m
218-50-289	5	1 XM 2 F	45	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, De		016	Counti	(V)	noign
90. FACILITY NAME (# not in	_	reet and number)	-10		9h CITY	TOWN C	R LOCATION	V OE DEA	July	14,1		Mary	land	
			- 1						ain.					
Washington	COUILL	y nospita	41			наде	rstow	m			Wa	shir	ngton	
10e. STATE	106. COUNTY			10c, CITY	TOWN O	R LOCAT	ION						10d. INSIDE CITY	
Maryland	Wash	ington		н.	ager	etor	717)						LIMITS?	
10e. STREET AND NUMBER					4601		ZIP CODE				10a CIT	IZEN OF V	1 X YES 2 WHAT COUNTRY?	NO
120 Elm St	reet							2174	0		iog. Gii			
11. MARITAL STATUS	ICCL	12. WAS DECEDENT	EVER IN II S	PMED	12 1	WAS DEC			-			US		
1 Never Merried 2	Merried	FORCES? 1	YES 2 K	NO	11	yee, spe	cify Cuben,	Mexicen,	C ORIGIN? (S , Puerto Rice	n, etc.)	or No —	14. RACE Bleci	E — Americen Indi k, White, etc.	in,
3 Widowed 4 Divo	rced	IF YES, GIVE W	AH OH DATES		1	YES	2 🔀 NO	Specify:				Speci		
15. DEC	EDENT'S EDUC	ATION	180. [ECEDENT'S U	JSUAL OC	CUPATIO	M M		106 1/0	ID OF BUS	IMEGG/IME		ite	
(Specify only Elementery/Secondary (0	y highest grade o			Give kind of wo	ork done d	luring mos	st of working		TOD. KIN	ID OF 803	INE33/INL	JUSTRY		
12	712)	College (1-4 or 5 +		opera	ator					taver	12			
17. FATHER'S NAME (First, M.	iddle, Last)			OPET	201		10. 8/00/10	DIO		-				
John Leon									E (First, Middl					
190. INFORMANT'S NAME (7)				Oh Manuar	DDDD	(0)			es E.					
Frances E.				9b. MAILING										
20e. METHOD OF DISPOSITI								lage	rstown					
1 Duriel 2 Cremetio	n 3 🗆 Remo	val from State	cometery, c	rematory or oth enlawi	F DISPOSI [*] er place)	TION (Na	me of	,	DATE		ATION -			
4 Donetion 5 Other 21. SIGNATURE OF PURERAL		numer .	Gre	enrawi							Llia	mspo	rt, Md.	
The second control of the second	D	O O		/	22. N M	INNI	CH FU	OF FACI	AL HON	Æ.				
SCA	11/1	m	m	111							pers	town	, Md. 2	17/10
23. PART I. Enter the di	séasea, Dr co	mplications thet	caused the d	leeth. Do no	ot enter t	the mod	de of dylno	a. euch	ee cerdlec	or respir	aton, ar	est.	Approxima	
enock, bi ne	Part lenure. L	ist only one ceue	e on each lin	ie.			, ,	en.		or roop	atory an		Interval Bo	etween
IMMEDIATE CAUSE (Fin diseese or condition	el	13 29	0 - 1	0		0-1		4:	1				Onset end	Deeth
recuiting in deeth)	a.	DUE TO	lio. (resp	nna	AL C	7 0	au	Conce				15	min
		Ac.	= 0 A		2			1/ 1	line				2 1	
Sequentielly liet conditi		DUE TO	OR AS A CONSI	COLLENCE OF	by	Lux	non	whs					3d	ays
If eny, leading to immed ceuse. Enter UNDERLY!		hoa	1 10	A A	020								4-7	0
CAUSE (Disease or Injur		DUE TO	OR AS A CONC	OFFICE OF	y								72	Tay
recuiting in deeth) LAS	r		- 0	0 1										U
	d.				-								-	
PART ii. Other significer	nt conditione	contributing to	leath but not	resulting In	the und	ierlying	cause give	en in P	art I. 24e	. WAS AN A		24b.	WERE AUTOPSY FII	NDINGS
	SI b	Reediv	4	A						PERFORM	1		AVAILABLE PRIOR	TO
Cl	imic	Reno	& Ja	ilun	0,				_ '	YES 2	MNO		OF DEATH?	
	0 -1 .000								-				1 YES 2 N	10
25. WAS CASE REFERRED TO	MEDICAL					20 01	ACT OF DEAT	T11 (0)						
EXAMINER?		HOSPITAL:			OTHER:	:	ACE OF DEAT							
27. MANNER OF DEATH		28e. DATE OF I							Other (Sp					
-1	Pending	(Month, Da		28b. TIME	OF RY	28c. INJU WOF	RK?		28d. DESCRIE	BE HOW IN	JURY OCC	CURED		
	nvestigation	9/26/91			РМ	1 Y	44	10	Subject	slip	ped or	n ste	ps & fell	
	Could not be	25e. PLACE OF building, a	INJURY - Al h tc. (Specify)	ome, ferm, atr	eet, tector	ry, office		2	City or To	N (Street an	d Number	or Rural R	louta Number,	
	Deministra	fronts	teps of	home							et, Ha	agers	town, MD	
290. CERTIFIER 1 CERTI	FYING PHYSICI	AN: To the beat of r	ny knowledge, d	eath occurred	at the tim	ne, date a	and place, en							
one) 2 MEDIO	CAL EXAMINER	On the beele of exc	mination end/or	investigation,	In my op	inion, de	ath occured	at the tir	me, date end	plece, end	due to the	e ceuse(e)) end menner ee at	eted.
29b. SIGNATURE AND TITLE		0 0	1				29c. LICENS							
10000	no	fuliva	VE, N	LD			D) A) 7 2	7		29d. DATE	SIGNED	(Month, Day, Year)	
30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CALLED	OF DEATH OT	M 27) (5 5	11		000	4)	2			1/1/	171	
BAPURAO	PULIU	ARTI, A	10 1	7140	AKH	ILL	AVE	, 1	HAGEI	esto	WN	Md	21742	-
31. DATE FILED (Month, Day, Y	9'91	32. REGISTRAR	S SIGNATURE	n-Rand	LOC.		_ [1							

PAYTON RONALD

OHMH-16 Ray 1/89

DIVISION OF VITAL RECORDS,

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1	Led
- 3	
	Page
Apr 20 0 =	るないない
	9

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a mount of the flower flower of the hospital or attending physician. TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Oept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

SOCAL SECURITY NUMBER **SOCAL SECURITY OF BEATH **SOCAL SECURITY NUMBER** **SOCAL SECURITY OF BEATH **SOCAL SECURITY OF B	EATH				
217-20-4647 Se. KARLITY NAME (if not entiration; one steer and number) 608 TYTUX TO ROAD Annapolis M. Annapoli	0AM				
Anne Arundel REGIONNE OF DECERNITY 1912 CAPTY 1913 CAPTY 1914 CAPTY 1915 CAPT	er Foreign				
RESIDENCE OF DECEDENT 198. CQUITY ATUNDED 199. CQUITY DAYS OR DECEDENT 190. CONTROL RESIDENCE 190. EXPECT AND NUMBER 190. EXPECT AND NUMBER 190. CONTROL RESIDENCE 190. EXPECT AND NUMBER 190. CONTROL RESIDENCE 190. EXPECT AND CONTROL RESIDENCE 190. EXPECT AND CONTROL RESIDENCE 190. EXPECT AND CONTROL RESIDENCE 190. EXPECT	100				
196. SPINET ARE NUMBERS 196. SPINET ARE SPINET ARE NUMBERS 196. SPINET ARE NUM					
The MANTAL STATUS 12 WAS DECEDENT EVER IN U.S. ARMED FONCES? 1 YES 2 2 MY 12 WAS DECEDENT OF HISPANIC ORIGINAT (Specify Yes or No. 1 YES 2 2 MY 1 YES 2 MY 1 YE					
Types Performed Performe	Y?				
15. DECEDENT'S EQUATION					
Buyer Medical Corporation					
17. FATHER'S NAME (First, Microtin, Macken Sumamary) Table The Control The Cont					
198. MAILING ADDRESS (Street and Number or Paural Focials Numbers (City or Town, State). 240-0049 Mr , Glen M. Phillips 190. MAILING ADDRESS (Street and Number or Paural Focials Numbers (City or Town, State). 250-0049 1609 Truxton Road Annapolis MD 21 200. PLACE OF DISPOSITION (Name of cometers, cramatory or Glen Burnie, MD 21 Budgard of Cometion 3 Removal from State Clen Have Park Glen Burnie, MD 22 NAME AND ADDRESS OF FACILITY 495 Ritchie Hwy. 23 Part I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardisc or respiratory arrest, interesting in death) 23 Part I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardisc or respiratory arrest, interesting in death) 24 Due to (OR AS A CONSEQUENCE OF):					
Mr. Glenn M. Phillips Committed of Disposition Committed of Dispositio					
20b. PLACE OF DISPOSITION (Name of cometary, cramaticry or Given State of Business of Comments of Chemistry or Given State of Chemistry or					
Crametia Crametia Crametia Content C	401				
22. NAME AND ADDRESS OF FACILITY 495 Ritchie Hwy. Barranco Funeral Home Severna Park MD 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, integral deeth. Cause on each line. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (
Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONS	2114				
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseasa or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A	土土				
DUE TO (OR AS A CONSEQUENCE OF): Construction Condition Con					
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1					
EXAMINER? Was 2 ND HOSPITAL: 1 Inpetient 2 ER/Outpetient 3 OOA A Nursing Home 5 Residence 6 Other (Specity) Natural S Pending Investigation DF CAUSE					
EXAMINER? WES 2 ND ND NO NO NO NO NO NO					
27. MANNER OF DEATH 1 Natural 2 Accident 3 Suicide 4 Homicide 28e. DATE OF INJURY (Month, Day, Year) 28e. DATE OF INJURY (Month, Day, Year) 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY At work? 1 YES 2 NO 28e. PLACE OF INJURY — At home, ferm, street, fectory, office 28e. PLACE OF INJURY — At home, ferm, street, fecto	-				
1					
29a. CERTIFIER (Check only one) 29a. CERTIFIER (Check only one) 29b. LCCATION (Street and Number or Rural Route Number, Erm, street, fectory, office building, etc. (Specify) 28a. PLACE OF INJURY — At home, ferm, street, fectory, office city or Rown, State) 28b. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28c. PLACE OF INJURY — At home, ferm, street, fectory, office city or Rown, State) 28c. PLACE OF INJURY — At home, ferm, street, fectory, office city or Rown, State) 28c. PLACE OF INJURY — At home, ferm, street, fectory, office city or Rown, State) 28c. PLACE OF INJURY — At home, ferm, street, fectory, office city or Rown, State)					
(Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and menner of the cause(s) and menner o					
	es atated.				
296. SIGNATURE AND TITLE OF CEPTIFIER 296. LICENSE NUMBER 296. DITE SIGNED (Month, Day.)	(bar)				
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) SCAN No. Friend.	w				

21639 Approximate Interval Between Onset and Deeth

24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 | YES 2 | NO

3. TIME OF DEATH B M

		1. DECEOENT'S NAME (First	, Middle, Last)									2. DATE OF	DEATH			3. TIME OF DEATH
		Russell Mo	rris Po	ole								OC 7	26	19	97	Est 1°P
(D	N I	4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE ('In yrs. last	birthday)	IF UNDER	1 YEAR	IF UNDER	R 24 HRS.	7. DATE OF (Month, Di			6. BIRTH	PLACE (State or Foreign
15		212-24-680		1 X M 2 F	63		YRS.	MONTHS	DATS	HOURS	MATE.	03/31	/28	9		vland
1		9a, FACILITY NAME (If not in								OR LOCATI				9c. COUN		
60	стоя	Rt. 2, Box		HIII Ka	•			Gr	eens	sbor	o, IVI	D		Car	olin	e
es 1	EC	10e. STATE	10b. COUNTY				10c. CIT	Y, TOWN C	R LOCAT	TION						10d. INSIDE CITY
F.	DIRE	MD	Ca	roline			Gr	eens	bore	0						1 TYES 2 NO
permit. Pages	AL	10e. STREET AND NUMBER		V					101	. ZIP COD	E			10g. CITIZ	EN OF W	HAT COUNTRY?
usit .	FUNERAL	Rt. 2, Box	163A,							2163	9			L	SA	
020 physician. burial-transit	E	11. MARITAL STATUS 1 Never Merried 2	Married	12. WAS DECEDED	1 YES	2 N	IED O		If yes, sp	ecify Cub	en, Maxic	NIC ORIGIN? (S on, Puarto Rica	ipecify Yea n, etc.)	or No—		— American Indian, , White, etc.
Jing physic the burial-	BY	3 Widowed 4 Dive		IF YES, GIVE	WAR OR DA	ATES **			1 NES	2 X NO	Specif	fy:			Specia	White
as en co	8		EDENT'S EDUC			16a. DEC	EDENT'S	USUAL O	CCUPATIO	ON ost of worki	in a	16b. KI	NO OF BUS	SINESS/INOL	ISTRY	
- 8 -	COMPLET	Elementary/Secondary (1	College (1-4 or 5	+)	life.	Do NOT us	e retired.)	during mo	AST OF WORK	vig					
the hospital detached fo	MP	12th grad				Sup	ervi	sor	Mail	7 -		rs U.			Ser	viće
YLAN by the hox be detach at once.	8	17. FATHER'S NAME (First, A								-		AME (First, Mide				
	B	Ralph Char		ole		100	MAHINO	ACCREC	C (Otmot :			Mary Route Number,				
MAR retained 5 should notified	임			son Dool												MD 21620
		Beulah Ires 20e. METHOO OF DISPOSIT 1 Disposit 2 Cremeti			200	b. PLACE	ANO OATI	E OF DISP	OSITION	(Name	нш	Rd.	_	CATION C	_	
ALTIMORE, leath. Page 6 may be funeral director, page xaminer must be		1 Donation 5 Other		oval from State	_ Ĉ	cemetary.	crematory Of Cr	or other p	tory			10/29	/9.1	Dove	r. I	DE
TIM Page eral direc		21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE	,			22.	NAME AL	ND ADDRE	SS OF F	ACILITY				
		> ///	4.	Rud	0							nbein I				D 21639
BA nours after d of in by the or removal.		23. PART I. Enter the c	liseases, or o	complications th	et ceused	d the dea	th. Do i									Approximate
DOU DO		shock, or h		Liet only one ce	use on e	ach line.										Onset and De
		diseese or condition resulting in deeth)	→	1/20	Te	_ //	100	CA	RDI	IAC	7	NFAT	RCI	TOL	/	acute
68760, ecuted within and completely burial, cremati				DUE TO	O (OR AS	CONSEC	UENCE O	F): /	10		4.4.00	NFA	. /	1	0.0	1
executed within and completely o burial, crema	NO	Sequentially liet condi-	tione,	b. HYPE	O (OR AS A	2/12/	ve	4	774	1101	1550	CULA	r.J	11000	yje	Chronic
be be or t	AT	if eny, leeding to imme ceuse. Enter UNDERLY		7 7002 10	J (UR AS A	CONSEC	UENCE U	r):								
Phys phys	윤	CAUSE (Disease or Injuthat Initiated events		C. DUE TO	OR AS A	CONSEC	UENCE O	F):								
0	CERTIFICATION	resulting in death) LAS	ST	d												
C Pe o		PART II. Other eignific	ant condition	ne contributing to	o death h	out not r	eulting	in the u	ndarlvin	a causa	alven ir	Part I 2	In WAS AN	AUTOPSY	24h	, WERE AUTOPSY FINDIN
H = 0 - E	EDICAL					, , , , , , ,	a variating		idonyii.	g oudoo	gronn		PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
requires that een signed by of Health an shows any												- 1	☐ YES	NO		OF DEATH?
RE v requirements of H shov	. N	-														
F VITAL RESIGNAN: The law requestricate has been on the State Dept. of tem 23 sho	PHYSICIAN:	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL							LACE OF	DEATH (C	heck only one)				
CICIAN: The State Ithe Ithe State Ithe Ithe Ithe Ithe Ithe Ithe Ithe It	SIC	YES 2 NO		HOSPITAL:	☐ ER/Out	patient 3	□ DOA	OTHE 4 Nu		no 5)	Rasidenca	6 🗆 Other (S	Specify)	10		
OF PHYSIC this cer with th	F	27. MANNER OF DEATH	B. C. Hou	26a. DATE O (Month,	Day, Year)		28b, TIM	IE OF JURY	26c. IN.	JURY AT		26d. DESCR	IBE HOW	INJURY OCC	URED	
ON OP DING PHYS After this of death with	B	Natural 5 2 Accident	Pending Investigation					M	1 🗆		□ NO					
VISION OF VITABLE ATTENDING PHYSICIAN: ECTOR: After this certifical stater death with the St. 128 is marked, or it	8	3 Suicide 6 4 Homicide	Could not be detarmined	26a. PLACE building	g, etc. (Spe	r — At no	me, farm,	street, tac	tory, offic	CO .			Town, State,		or Hurai i	Routa Number,
DIVISION OR ATTENDING DIRECTOR: After hours after death item 28 is mai	<u> </u>	29a. CERTIFIER		1				-	- 1	-	-				-	
TAL C		(Check only		ICIAN: To the best of												n) and manner as stated
THE HOSPITAL THE FUNERAL filed within 72 PORTANT: II	8	296/SINATORIA ANO TITL			4.		7	A A	opinion, (/ /	29d. DATE		
	H	10 TON	1011	MI	./)	oni	lu	11	E	Total Line	LENSE NU	16	1	> //	0/2	(Month, pay, Year)
₽₽3₹	5	30. NAME AND AGORESS	E PERSON WH	10 COMPLETEO CA	USE OF DE	EATH (ITE	A 21) (Type	o, Print)	-	100	1	-		1/0	1-	0///
		C.E.J	ENSE	W M	0.1	Rt.	216	50)	111	8,4	en	Ton.	MD	216	29	
		31. OATE FILED (Month Pag	9001	32. REGISTR	AP STRIC	ACUDA-	Manag						137			
		0014														

TENTE MICERALIST TO THE TOOM

DHMH-16 Ray 1/89

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 mous after death. Page 6 may be retained by the hospital of	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for he authorized the funeration, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
2	5 3	3

	FOR STATE REGISTRAR	STATE OF MA		/ DEPARTM			MENTAL HYGI REG.			
	1. DECEDENT'S NAME (First, Middle, Last)	CLARA	PITTS	PURNE	ELL		2. OATE OF DEAT MONTH 11	DAY 4	YEAR 91	3. TIME OF DEATH 9.50 AM
)	4. SOCIAL SECURITY NUMBER 216-09-5959 90. FACILITY NAME (If not institution, give	1 🗆 M 2 🗗 F	75	YRS. MO	UNDER 1 YEAR NTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea MAY 11.	1916	Count	IN, MD.
בכוסא		OWER STREE	Т		BERL			W	ORCES	STER
DIR	MD . 10b. COUN	ORCESTER			OWN OR LOCAT					10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FRAL	106. STREET AND NUMBER 10511 FLOWER	STREET			101	2181	1	10g. CI1		WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2	NO	If yes, sp		NIC ORIGIN? (Specifin, Puerto Ricen, etc y:		14. RAC Blec Spec	E — American Indian, k, White, etc.
COMPLEIED	15. DECEOENT'S EO (Specify only highest grad Elementery/Secondery (0-12) 7 th	UCATION ile completed) College (1-4 or 5+)	100	OECEOENT'S US (Give kind of work life. Do NOT use re DOM	done during mo	ON st of working		JSEKEE!		
	17. FATHER'S NAME (First, Middle, Last)	ORDON PIT	TS			18. MOTHER'S NA	ME (First, Middle, Ma	niden Sumame) RA BRI	TTIN	GHAM
TO BE	194. INFORMANT'S NAME (Type/Print)	D PURNELL			DRESS (Street A		Route Number, City o	r Town, State, Z	(ip Code)	
	20e. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Re 4 Donetion 5 Other (Specify)	moval from State	20b. PLAC	E OF DISPOSITI	ON (Name of ce GREEN	netery, crematory or	11-8	e. location – BE	- City or T RLIN	own, State , MD .
	21. SIGNATURE OF FUNERAL SERVICE I	LICENSEE ON	les				RTAL CHA MD. 218		TE.	2, BOX 920
	23. PART I. Entar the disassas, or ahock, or heart failure immediate CAUSE (Finel disease or condition resulting in deeth)	a. Due To (caused the	ne.	4		th as cardiac or i	,	,	Approximate interval Between Onset and Dead
CERTIFICATION	Sequentially list conditions, if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initietad avanta resulting in death) LAST	c		SEQUENCE OF):						
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions of the con	Mete	- 1	esix	the underlying	g causa given in	PE	AS AN AUTOPS REFORMED? ES 2 NO	Y 24	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient		THER:	LACE OF DEATH (C	heck only one)	()		
ву рну	27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF (Month, Da		28b. TIME (OF 28c. IN	JURY AT ORK? YES 2 NO	26d. DESCRIBE		CCURED	
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF building, o	INJURY At	home, term, str	net, tactory, offi	ca	28t. LOCATION (S City or Town,	Street and Numb Stete)	per or Rura	Route Number,
COMPLETED	(Check only	/SICIAN: To the best of ex								(e) end menner as stated.
BE	250. SIGNATURE AND TITLE OF CERTIF	ek :	=1,	MP		29c. LICENSE NU	IMBER	29d. D.	ATE SIGNE	(Month, Day Year)
2	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUS	E OF DEATH (ITEM 27) (Type, P	rint) 10	FRI	e Ry	uf	1 #	5401
5	31. DATE FILEO (Month, Day, Year)	32. REGISTRA	R'S SIGNATUR	E mole 02			0	1		

Teer to you

BALTIMORE, MARYLAND 21215-0020	24 nours after death. Page 6 may be retained by the hospital or attending physician.	ion, or removal.	he medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been sinned by the attending physician and completely filled in by the financial interactions. Second has described for the sinned by the attending physician.	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

TO BE COMPLETED BY FUNERAL DIRECT

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

5

FOR 1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First	Adidalla (nat)			LATIFI	OAIL	01	DLA	111	REG. NO			
JANI		. PRYT	HERCH						2. DATE OF DEATH DON'TH DON'TH	Barrie .	YEAR	3. TIME OF DEATN
4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER 1	YEAR	IF UNDER	7 24 HRS.	7. DATE OF BIRTH	-	8 BIRTHE	LACE (State or Foreign
217-36-20:		1 🗆 M 2 🔀 F	96			DAYS	HOURS	MIN.	(Month, Day, Year) 4-27-189	7	I R	NORTHERN
PENINSU	LA GEN	ERAL HOS	PITAL		96. CITY, 1		BURY		EATN		ICOMI	
RESIDENCE OF DEC	10b. COUNT	v *		T 40. 0171	-							
MD.		OMICO			LISB							INSIDE CITY LIMITS? YES 2 NO
10e. STREET AND NUMBER						101	ZIP COD	E		10g. CITI	ZEN OF WH	AT COUNTRY?
305 NEWTO	N ST	REET					218	01		U.	S.A.	
11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 V		11	yes, spe	cify Cubi	OF NISPAN In, Maxica Specify	HC ORIGIN? (Specify Yar n, Puerto Ricen, etc.)		14. RACE - Black, 1	- American Indian, White, afc.
15, DEC	EDENT'S EDU	CATION	18a, DE	CEDENT'S L	USUAL OCC	UPATIO	N.		16b, KIND OF BU	SINEGO (IND		
Elementary/Secondary (0	highest grade	College (1-4 or 5	(0	ive kind of wo Do NOT use	ork done du	ring mo	st of working	ng	105. 14.10	JII 1237 II 10	OSTRI	
6	,	Conega (1-4 b) 5 4		OMEMA	KER				OMN	HOM	E.	
17. FATNER'S NAME (First, Mi	ddle, Last)				*******		18 MOT	NED'S NA	ME (First, Middle, Maiden		E,	
JAMES		POTTE					S	IDN:	EY POTTI	ERS		
19a. INFORMANT'S NAME (7)		2.0	19						Route Number, City or Tow			
SHIRLEY		SR		226	MON'	ric	ELL	0 A	VE., SALIS	BUR	Y, MD	.21801
20a METNOD OF DISPOSITI 1 Buriel 2 Cremetlo 4 Donation 5 Other	n 3 🗌 Rame	oval from Stata	cemetery, cre	AND DATE OF	F DISPOSIT	ON (Na	me of		DATE 20c. LO	CATION —	City or Town	n, State
21. SIGNATURE OF FUNERAL		CENSEE	Wicor	MICO				SS OF FA	11-9 SAI	ISBI	JRY,	MD.
> Sua	ld (1 Fore	ine	-	ВОТ	JND	SF	UNE	RAL HOME	SAL	SBUI	RY,MD.
IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list condition in any, leading to immediate cause. Enter UNDERLY if CAUSE (Disease or Injuithat initiated events resulting in death) LAST	ona, Illete	b DUE TO	C AVD (OR AS A CONSEI (OR AS A CONSEI (OR AS A CONSEI (OR AS A CONSEI	DUENCE OF)	1I at		V		·9.			Interval Between Onaet and Death
PART II. Other aignifican	nt condition	a contributing to	death but not r	eaulting in	the unde	riving	Cause (ilven In	Part I. 24a, WAS AN	AHTOREV	1 245 W	ERE AUTOPSY FINDINGS
		P& Fells				,			PERFOR		A	WAILABLE PRIOR TO OMPLETION OF CAUSE
	- /1-	Ahacel	13	illay	h m			-	1 YES 2	□ NO		F DEATN?
		17 1 OG	3107	11100	11/1.				_		1	YES 2 NO
25. WAS CASE REFERRED TO	MEDICAL					00 01	100.00.00					
EXAMINER?		HOSPITAL:	FD/0 .		OTHER:				ck only one)			
27. MANNER OF DEATH		1 Inpatient 2 I					-	aldenca	8 Other (Specify)			
Natural 5 🗆 F	Pending	(Month, De		28b. TIME INJUI	RY	WOF		NO	28d. DEŞCRIBE HOW II	NURY OCC	URED	
	Could not be elarmined	28s. PLACE Of building,	FINJURY — At ho atc. (Specify)	me, farm, atr	eet, factory	, offica			281. LOCATION (Street a City or Town, State)	nd Number	or Rural Rou	te Number,
29a. CERTIFIER (Check only one) 2 MEDIC	FYING PHYSIC	CIAN: To the best of R: On the bests of ax	my knowledge, de	ath occurred	at the time	o, data	and place,	and dua	to the cause(a) and man	ner as state	id.	nd manner as etated
296. SIGNATURE AND TITLE		Α						NSE NUM				Ionth, Day, Year)
30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	E OF DEATH (ITE	W 27) Cype, P	rint)	5'	AL	15	BUNY.	M.	2.0	2181).
31. DATE FILED (Month, Day, Y	7 1991	32. REGISTRAL	R'S SIGNATURE	Indian.		Ī						

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.A.D.D			
A TENEDA PARTIE A PAR			
. DH. YRU (\$1.785.P-	Name of the last		

1 - STATE REGISTRAR		STATE OF I		DEPART					ENTAL HYGIE			
1. DECEDENT'S NAME (First	, Middle, Last)				OAIL		DEATI		REG. N	0.		3. TIME OF DEATH
Lawrenc	e	D.		Pa	ach				MONTH 0	DAY O 1 C	YEAR	
4. SOCIAL SECURITY NUME	BER	5. SEX	8. AGE (In yrs. las		IF UNDER 1	YEAR	IF UNDER 24	A MRS 7	DATE OF BIRTH		8. BIRTI	18:30 A M
217 30 495	8	1 💢 M 2 🗌 F	56	YRS.	MONTHS	DAYS	HOURS	MIN. S	ept I, I	35	Count	ry; and
9a. FACILITY NAME (If not in	stitution, give stre	eet and number)			9b. CITY,	TOWN OF	LOCATION				TY OF E	
Holy Cros	SHOST	oital			Sil	Lvei	Spi	ring		Mo	ntg	omery
10e. STATE	10b. COUNTY			10c. CITY,	TOWN OF	LOCATI	ON					10d. INSIDE CITY
Maryland	Howard			I	E111c	cott	City	7				LIMITS?
3496 Church	Road						ZIP COOE 1043				S.A.	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 1 2 3 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 N	MED	11	yes, spec	offy Cuban,	HISPANIC Maxican, I Specify:	ORIGIN? (Specify) Puarto Rican, etc.)	es or No-	14. RACI Blac Spec	E — American Indian, k, White, atc. White
	EDENT'S EDUCA y highest grade of		18a, DE	CEDENT'S U	SUAL OC	CUPATION	٧		16b. KIND OF B	USINESS/IND	USTRY	
Elamentary/Secondary (0		College (1-4 or 5	·) Itte.	o NOT use	retired.)		of working		U.S.	Gove	rnme	ent
17. FATHER'S NAME (First, M	liddle, Last)						18. MOTHE	R'S NAME	(First, Middle, Maide	on Surname)		
Francis		ch					Ma	ry E	mma McDo	nald		
Mrs Shirley		:h	3	496 C	Churc	Street and	oad E	Rural Rou	ott City	own, State, Zip 2104	Code)	
20a. METHOD OF DISPOSITION Burial 2 Cremation 4 Donation 5 Other	ION on 3 - Ramov	ral from Stata	20b. PLACE A	MD DATE OF	FDISPOSIT	ION (Nam	ne of			ocation –		wo, State
21. SIGNATURE OF FUNERA		NSEE			_		ADDRESS					3
> Har	7	1. 11/	To face						TYFUNERAL			
23. PART I. Enter the di	seases, or co	mplicetions that	caused the de	ath. Do no								Approximate
IMMEDIATE CAUSE (Findiseese or condition resulting in death)	eart Milure. Li	st only one cau	on each line	DUENCE OF)	hz ((ulas			Intervel Between
Sequentielly list conditi if any, leeding to immediates. Enter UNDERLY! CAUSE (Disease or inju- that initiated eventa recuiting in deeth) LAS	diate NG ry c.		(OR AS A CONSEC									
PART II. Other significa	nt conditions	contributing to	deeth but not r	esulting in	the und	erlylng	cause glv	en in Pa	PERF	N AUTOPSY ORMED?	24b	WERE AUTOPSY FINDINGS AWAILABLE PRIDE TO COMPLETION OF CAUSE DF DEATH? 1 PES 2 NO
25. WAS CASE REFERRED TO EXAMINER?		HOSPITAL:			OTHER:		CE OF DEAT	TH (Check	only one)			
1 X YES 2 NO		Inpetient 2X		□ DOA 4	4 ☐ Nursir	ng Homa		dence 8	Other (Specily)			
1 Natural 5 🔲	Pending investigation	28a. DATE OF (Month, Da		28b, TIME INJU		8c. INJUI WOR	K?		d. DESCRIBE HOW	INJURY OCC	URED	
3 Suicide 8	Could not be determined	28a. PLACE Of building,	FINJURY — At horate. (Specify)	me, tarm, atr	reet, factor	y, offica		28	Bf. LOCATION (Stree City or Town, State	t and Number	or Rurai F	loute Number,
									the cause(a) and m) and manner as stated.
291. SIGNATURE AND TITLE	-					_	29c. LICENS					(Month, Day, Year)
110	1/	CX					0.C	. M . E		1	110	1991
30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS				S+-				Mar	v. 1 c	nd 21201
NOV 1 2 9	(bar)	38. REGISTRA	R'S SIGNATURE :	Sall:		D L C		D.A	TLIMOTE	Mar	yla	110 21201

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY FUNERAL DIRECTOR

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Sammanyon R. 0	Microcriotan	
		Francis W. Frach
L'13 Hours County St.	I mwaliweto	
PERSONAL COLUMN TREES OF STREET		

1 - STATE REGISTRAR

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR		STATE OF MA				TOFH EOF			MENT	AL HYGIENE REG. NO.			-00/
1. DECEDENT'S NAME (First	, Middle, Last)				OATI		DEA	-	2. DAT	E OF DEATH			3. TIME OF DEATN
Debra Kay									MON		3 6	YEAR	11 07 AM
4. SOCIAL SECURITY NUM 219-66-2026		5. SEX 1 M 2 XF	3. AGE (In yrs. lesi	birthday) YRS.	IF UNDER	DAYS	HOURS	24 HRS. MIN.	(Mor	e of BIRTH oth, Day, Year)	156	Count	PLACE (State or Foreign ry)
9e. FACILITY NAME (If not in	stitution, give stre	et and number)			9b. CITY	Y, TOWN O	R LOCATIO	ON OF D		30, 13		NTY OF D	3
Washington		Hospital	L]	Hage	stov	wn.			Was	shin	gton
RESIDENCE OF DEC	10b. COUNTY			10. 017									9
						OR LOCATI							10d. INSIDE CITY LIMITS?
Maryland 100. STREET AND NUMBER	Washir	igton		На	iger:	stown	ZIP CODE	-					1 X YES 2 NO
417 Cook St	root					101.					10g. CITI		
11. MARITAL STATUS		12. WAS DECEDENT	EVER IN U.S. ARI	MED	13.	WAS DECE		740 F NISPAI	NIC ORIG	IN? (Specify Yee o	v No I	USA	
1 Never Married 2 3 Widowed 4 XDivo	Married	FORCES? 1 FYES, GIVE WAS	YES 2 X	0		If yee, spe 1 YES	cify Cuber	n, Mexico	m, Puerto	Ricen, etc.)		Speci	
1S. DEC	EDENT'S EDUCA	TION (moleted)	16e. DEC	EDENT'S	USUAL O	CCUPATIO during mos	N		16	b. KIND OF BUSI	NESS/IND		
Elementary/Secondary (6		College (1-4 or 5+)	lille.	Do NOT us	e retired.)	auring mos	t or workin	g					
12		0	1	press	he.	lper				printi	ing c	compa	any
17. FATNER'S NAME (First, M							ta, MOTH	ER'S NA	ME (First,	Middle, Maiden S	umeme)		
Bernard L.		ok						-	_	Snodder	3		
Wanda B. As										nber, City or Town, Md. 2			
20a. METHOD OF DISPOSIT		ol from State	20b. PLACE A	ND DATE C	F DISPOS	SITION (Nar	ne of		DA	TE 20c 10C		_	wn, State
4 Donatton 5 Dother		II HOIN State	Cedan	Lav	m M	emori	lal H	Park	11	-16 Ha	gers	town	n, Maryland
21. SIGNATURE OF FUNERA	L SERVICE LICEN	ISEE				NAME AND				OME			
Sch	HIA	1/1	mu	4	~	INNI(Md. 21740
23. PART I. Enter the di	isaasea, or cor	mplications that d	caused tha dea	ith. Do n									Approximata
IMMEDIATE CAUSE (Findisease or condition reaulting in death)		Repor	rater	ny	03	~	57	4					Onsat and Daath
Sequentially list condition of any, leading to immediate. Enter UNDERLY! CAUSE (Disease or injusted intistated events resulting in death) LAS	diate NG ry	Celero de pose to do pose to do	R AS A CONSEQ	WENCE OF		re	y		y	En	h	h	quenity un 43
PART II. Other aignifica	nt conditions	contributing to de	eath but not re	sulting l	n the ur	nderlying	cauaa g	iven in	Part I.	24a. WAS AN AI PERFORM 1 ES 2	ED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 PES 2 NO
25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	F	IOSPITAL:	R/Outpatient 3	DOA	OTHER	₹:	CE OF DE			ne) et (Specify)			
27. MANNER OF DEATH		28a. DATE OF IN	JURY	26b. TIME	OF	28c. INJU	RY AT	Cerrice		SCRIBE NOW INJ	URY OCC	URED	
arms.	Pending Investigation	(Month, Day,	Year)	INJU	JRY M	WOR	K?	NO				0.112.0	
3 Suicida a	Could not be	26e. PLACE OF I building, ato	NJURY — At home. (Specify)	ie, larm, z	treet, fect				2af. LOI City	CATION (Street and or Town, State)	d Number	or Aural A	loute Number,
		N: To the best of m) end manner se stated.
296. SIGNATURE AND TITLE	ON CENTRIES	11.0	1/2				29c. LICE	NSE NUN	MBER		29d. DATE	SIGNED	(Month, Car, mar)
11/129 Frent	wito	days	Un	M	1		D	3/	80	0	11	16	5/9/
30. NAME AND ADDRESS OF	PERSON WNO	COMPLETED CAUSE	OF DEATH (ITEM	27) (Туре,	Print)	4	4	10	. 2 /	1	-	,	uto
31. DATE FILED (Month, Day,	W15'9	32. REGISTRAR'S	SEIGNATURE Filia Davi	dson-i	Pande	00_	/	1		· · ·			

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

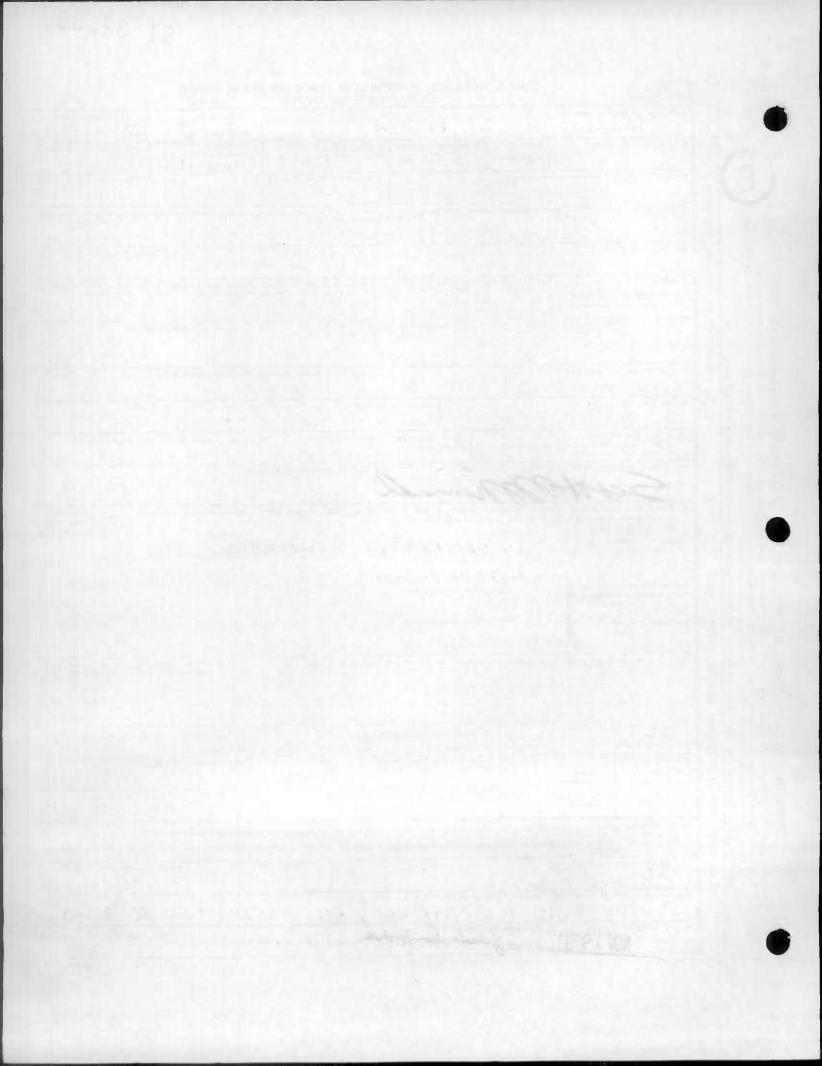
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IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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sertificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		or item 23 shows any Injury or other fraumatic event the medical evanines must be position as assess
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Smpletel)	the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	event
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	1. DECEDENT'S NAME (First, Middle, Lest) JAMES	James He	oward R			OF DEATH	MON	REG. NO	AY	YEAR 1991	3. TIME OF DEATH 6:50 A
19	4. SOCIAL SECURITY NUMBER	1 1 M 2 F	6. AGE (In yrs. les		UNDER 1 YE		(Mo	E OF BIRTH	736	8. BIRTI- Count	IPLACE (State or Foreign
1	9a. FACILITY NAME (If not institution, give		_ 1 72	96	CITY, TO	VN OR LOCATION OF	DEATH	1	9c. COU	NTY OF D	4
DIRECTOR	Washington Count	y Hospita	1		На	gerstown			Wa	shin	gton
, E	10e. STATE 10b. COUNT	Υ		10c. CITY, T	OWN OR LO	CATION					10d, INSIDE CITY
	Maryland Wash	ington		Hag	erst	own					LIMITS?
3AL	10e. STREET AND NUMBER				7	101. ZIP CODE			10g. CIT	ZEN OF V	WHAT COUNTRY?
FUNERAL	125 E. Lee Stree					21740				US.	A
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 { IF YES, GIVE WA	YES 2 X1		If yes	DECENDENT OF HISI , specify Cubsn, Max YES 2 X NO Spe	Ican, Puerte	IN? (Specify Yas Ricen, etc.)	or No—	Speci	E — American Indian, k, Whita, etc. fly: ite
目	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(G	CEDENT'S USI	done during	ATION most of working	10	b. KIND OF BU	SINESS/IND	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	1/fm	sander	tired.)			hud 1d	inc	01155	ly company
OM	17. FATHER'S NAME (First, Middle, Last)			sander	ope.			Middle, Maiden	-	supp	ly company
Ü	Howard Eldon Pal	mer						ginia		V	
00	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING AD	DRESS (Str	et and Number or Run					
5	Sandy Butts Palm	er				St., Hag					1740
	20a. METHOD OF DISPOSITION 1 ☐ Buriel 2 🛣 Cremetion 3 ☐ Rem	oval from Stata		AND DATE OF D		(Name of	DA	TE 20c. LO	CATION -	City or To	wn, State
	4 Donation 5 Other (Specify)		Hage	rstown	Cre	natory	11-1	17 Hag	erst	own,	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	-	/	MIN	VICH FUNE	RAL I	HOME			
7	ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. / NTF) _	HEMAR	RHA	GE.			interval Batwee
TIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avants	C	OR AS A CONSECUTION AS	NSIDI DUENCE OF):							
ERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	C		NSIDI DUENCE OF):		7,101					
N: MEDICAL CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avanta	cDUE TO (d	DR AS A CONSEC	NS101 DUENCE OF):	1			24a. WAS AN PERFOR	MED?	246.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	If any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or injury that initiated avanta resulting in death) LAST	c. DUE TO (d.	DR AS A CONSEC	DUENCE OF):	ne underl		in Part I.	24s. WIS AN PERFOR	MED?	246.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avanta resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	cDUE TO (d	OR AS A CONSEC	DUENCE OF):	ne underl	ying cauaa given i	in Part I.	24e. WAS AN PERFOR	MED?	246.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avanta resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	d. DUE TO (C	DR AS A CONSECUTION OF	DUENCE OF):	26c.	ying causa given i . PLACE OF DEATH (€ lome 5 ☐ Residenc INJURY AT WORK?	in Part I.	24e. WAS AN PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		rarked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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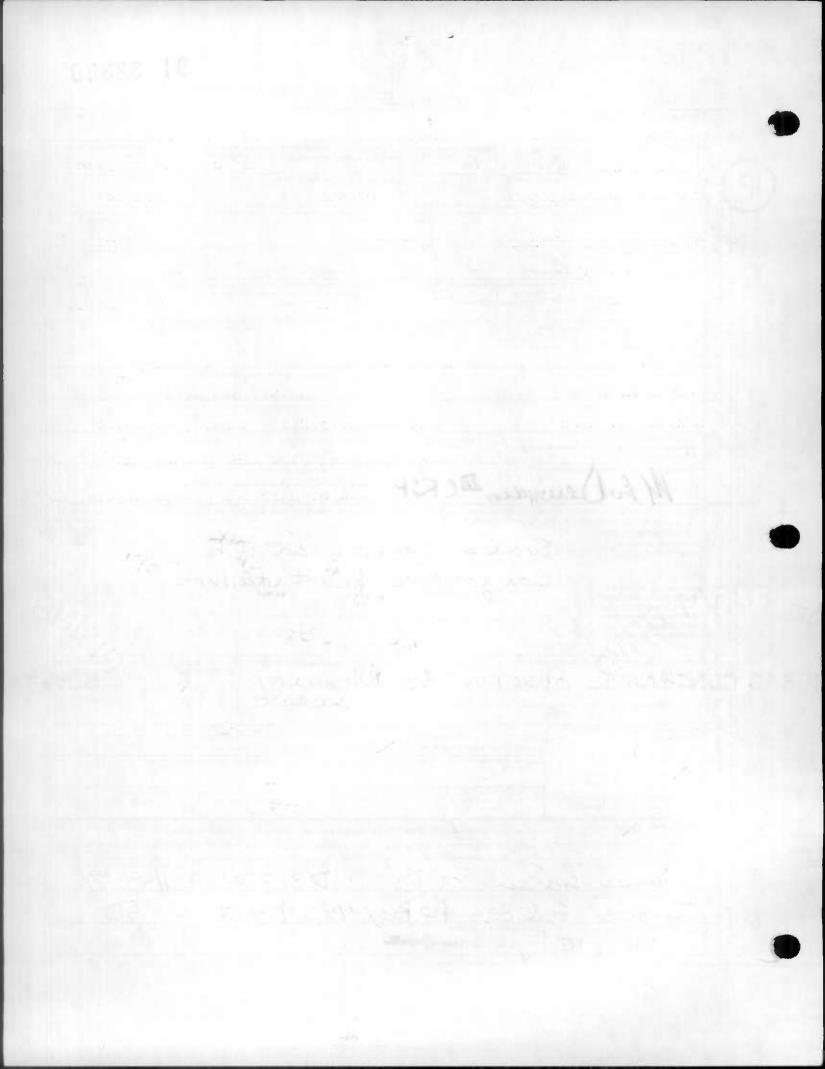
REGISTRAR			ERTIFICA	ATE OF	DEATH		REG. NO.			
. DECEDENT'S NAME (First, Middle, Las						2. DATE O	F DEATH DA		YEAR	3. TIME OF DEATH
ARZETTA	MARIE P	8. AGE (In yrs. Is	and block do A are			Nov.		19		
236-03-9508	1 M 2 K F		-	UNDER 1 YEAR ITHS DAYS	HOURS MIN.	7. DATE OF	Day, Year)	00	8. BIRTI	HPLACE (State or Fore
FACILITY NAME (If not institution, give		82		CITY TOWN O			3,19		-	rginia
			96.		R LOCATION OF (DEATH	i i		INTY OF D	
1101 Primros	e Court			Anna	polis			Anı	ne A	rundel
0e. STATE 10b. COU	ITY		10c. CITY, TO	WN OR LOCATION	ON					tod. INSIDE CITY
Maryland An	ne Arund	el	Anı	napol:	is					LIMITS?
0e. STREET AND NUMBER				101.	ZIP CODE			10g. CIT	IZEN OF V	WHAT COUNTRY?
1101 Primrose	Court				2140	3		ī	J.S.	Δ
I. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A	RMED	13. WAS DECE	NDENT OF HISPA	NIC ORIGIN?	Specify Yes		14. RACI	E — Åmericen Indien,
Never Merried 2 Merried Widowed 4 Divorced	IF YES, GIVE W		INO		cify Cuben, Mexic 2 NO Spec		en, etc.)		Spec	k, White, etc.
										ite
15. OECEDENT'S E (Specify only highest gra	de completed)	18e. D	ECEDENT'S USUA Give kind of work of the Do NOT use reta	AL OCCUPATION done during mos	N it of working		IND OF BUS			
Elementery/Secondary (0-12)	College (1-4 or 5 +	-) ""		ired.)						tore
7. FATHER'S NAME (First, Middle, Last)			Clerk				C. M		hy C	0.
					18. MOTHER'S N	1. 30	die, Maiden	Surname)		
Clyde VanPel	t	1			Mar		K161	31		
		15			nd Number or Rural					
Adrian N. Pe	rry, Sr.				ose Co		1			
🖰 Burlel 2 🗆 Cremetion 3 🗆 Re	moval from State		AND DATE OF DIS		ne of	DATE	20c. LOC	CATION —	City or To	own, State
□ Donetion 5 □ Other (Specify)			arrianory or other pr							
L NIGHATURE OF FUNERAL APRVICE	ACENSEE /	17:11	crest	Cemet		11/14	An	napo	olis	, MD
SIGNATURE OF FUNERAL MERVICE	CENSEE /	7	crest	Ceme1	D ADDRESS OF F	ACILITY			olis	
3. PART I. Enter the diseasea, o ahock, or haart failur MMEDIATE CAUSE (Final lisease or condition	r complications that a. List only one cau	aa on aach iin	aath. Do not a	Cementary 1 on 147 Gillianter tha mod	ADDRESS OF FUNE	ral C	hape	l nnai	poli	21401 S MD Approximate Interval Bett Onaet and D
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TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely has find within 27 bruns after death with the State Dent, or Health and Mental Hygiene prior to burial, cremate	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, it
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REGISTRAR		CERTIFIC	CALE	OF DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)		100			2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH
ELMER MERR	ITT	RUSS			MONTH DAY	1991	
4. SOCIAL SECURITY NUMBER			IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF BIRTH	6. BIF	THPLACE (State or Foreign
213-18-5452		6 YRS.	ONTHS DA			1914 M	aryland
9a. FACILITY NAME (If not institution, give s				WN OR LOCATION OF D	EATH	9c. COUNTY OF	
Caroline Nursin	g Home		Der	iton		Carol	ine
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	,	Lan. OTTY	TOWN OR LO	2047/01/			404 INDIDE OFTY
				CATION			10d. INSIDE CITY LIMITS?
	.bct	Ea	ston				1 X YES 2 NO
10e. STREET AND NUMBER				101, ZIP CODE			F WHAT COUNTRY?
1301 Mulberry H	111			21601		USA	
11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 7			DECENDENT OF HISPA	NIC ORIGIN? (Specify Years)	or No — 14. R/	ACE — American Indien, ack, White, atc.
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR O			YES 2 NO Specif		Sp	welly: White
			1				
15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S U (Give kind of wo	ork done during	PATION g most of working	16b. KIND OF BUSI	NESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	ilife. Do NOT use	reurea.)				
7		Route	Sales			Rakery	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Maiden S	turname)	
James H. Russ				Hat	tie Satche	ell	
19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Town,		
Lillian E. Russ		1301	Mulbe	erry Hill	l, Easton	MD 2	1601
20a. METHOD OF DISPOSITION	augl fram State	20b. PLACE OF DISPOSI other place)	TION (Name o	of cemetery, crematory or	20c, LOC	ATION — City or	Town, State
Buriel 2 Cremation 3 Rem	Was from State		Memor	rial Parl	k 11-9 Eas	ston	MD
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	-	22, NAN	E AND ADDRESS OF F	ACILITY		
► 1/1 £ 1 \ 0	worden"	MICESP			neral Home		
1011111111	commen	~ 0,91	· 20	00 S. Hai	rrison Sti	reet,E	aston, MD
Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST	c	AS A CONSEQUENCE OF	•	eart	Eath	e	
PART II. Other aignificant condition	ns contributing to dead	1 .	1	TONON	PERFORM 1 VES 2	MED?	24b. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	=			Diseas	SC		1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			9	6. PLACE OF DEATH (C	theck paly one)		
EXAMINER?	HOSPITAL:		QTHER:				
27. MANNER OF DEATH	1 Inpatient 2 ER/		-	Home 5 Residence	6 ☐ Other (Specify) 26d. DE\$CRIBE HOW IN	INDA Occuber	
1 Natural 5 Pending	(Month, Day, Ye	ar) INJU	JRY	WORK?	200. DESCRIBE NOW IN	JOHT OCCURE	
2 Acoldent Investigation							
3 Suicide 6 Could not be 4 Homicide determined	building, etc.	IURY — At home, farm, st (Specify)	reet, tactory,	omce	261. LOCATION (Street as City or Town, State)	na Number or Hu	rai Houte Number,
(Oriota Oriny					ie to the cause(a) and mani		se(a) and manner ea stated.
29b. SIGNATURE AND TITLE OF CERTIFIC	in /			29c. LICENSE NU	JMBER	29d. DATE SIGI	NED (Month, Day, Year)
James K.	Non-	MI		D31	37/2	11-5	3-91
30. NAME AND ADDRESS OF PERSON W	O COMPLETED CAUSE OF	F DEATH (ITEM 27) (Type,	Print)		014		-
Tumpe (1/K/00	POR		4961	Ve Ito	0 /	40
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE	1	VIO I	10001		
NOV - 8 199		widson-Randal	2				



	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)			ERTIF	ICATE	= OF	DEA	TH	REG. NO).		
	Lollie		Ro	bert						DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. In:		IF UNDER	1 YEAR	IF UNDE	R 24 HRS.	7. DATE OF BIRTH	3	9]	IPLACE (State or Foreign
	219 03 6797	1 M 2 F	8	O YAS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 9-16-11		Countr	yland
	9a. FACILITY NAME (If not institution, give				9b. CITY	, TOWN C	OR LOCAT	ION OF DE			TTY OF D	
后	Memorial Ho	spital			E	ast	on			Ta1	hat	
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	γ		I 40 - 017	Y, TOWN C					LIGI	DOL	
DIRECTOR		Talbot		10C, CIT		ton	ION					10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	241000			Las		. ZIP COE)F		I to- CITI	ZEN OF W	1 X YES 2 NO
FUNERAL	Rt. 50 & Dutchma	an's Lane	2			100		601		10g. C112		
N	11. MARITAL STATUS	12. WAS DECEDE	NT EVER IN U.S. AF	IMED	13.	WAS DEC			IIC ORIGIN? (Specify Ye	s or No.	US	
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced		YES 2 K	NO		f yes, spe	2 X NO	en, Maxica Specifi	n, Puarto Rican, atc.)		Black	- American Indian, white, atc.
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TED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	/G	CEDENT'S	work done	during mo	ON st of worki	ing	16b. KIND OF BU	SINESS/IND	USTRY	
PLE	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Do NOT us	se retired.)							
COMPLET	17. FATHER'S NAME (First, Middle, Last)			Dom	esti	C	40. 4407					
Ö	Ulysses Grant Em	norv							ME (First, Middle, Maider Smith Em			
BE	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street n			Courte Number, City or Tox	- W	0-4-1	
5	Gordon Paul Emo	ry, Sr.		RT.					reville,			
	20a. METHOD OF DISPOSITION		20b. PLACE	ANDDATE	OF DISPOS	ITION (Na	_			CATION C		wn State
	1 Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	ioval from Stata	complery cre	matory or o	ther niere!			77 1	0/27/91 C			
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			22.	NAME AN	D ADDRE	SS OF FAC	Bennie	Smith	2 503	e, MD.
	1 5					P.O.	Вох	928	, Hurlock	MD.	216	43
	23. PART I. Enter the diseasea, pr	complications the	at caused the de	ath. Do r								Approximate
NO	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially flat conditions.	a	ON AS A CONSE	ue 1	hear	1	fa	lui	1			Interval Between Onset and Death
H	If any, leading to immediate	DUE TO	(OR AS A CONSEC	DUENCE OF	F):							
CERTIFICATION	CAUSE (Disease or injury	C. DUE TO	(OR AS A CONSEC	NENCE OF								
E	that initiated events reaulting in death) LAST	502 10	(OH AS A CONSEC	DUENCE OF	-):							
G		d	-									
AL	PART II. Other aignificant condition	s contributing to	death but not r	eauiting i	n the un	derlying	cauae	given in i	Part I. 24a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICA	الماء تعمل	^	Dear	2. MJ	710	242			1 D YES	1		COMPLETION OF CAUSE OF DEATH?
ME	Cover friend	hurry	- L	kypi	-tev	si v						1 YES 2 NO
AN.				('								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF D	EATH (Che	ck only one)			
17S	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2	ER/Outpatient 3	1	4 🗆 Nurs	ing Home	-	aldenca	□ Other (Specify)			
	Natural 5 Pending	(Month, E		28b. TIMI INJ	URY	28c, INJL WOI	RK?	7.40	28d. DESCRIBE HOW	INJURY OCC	URED	
BY	2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE C	F INJURY — At ho	me farm s		-	ES 2	NO	201 LOCATION (C)		0	
	4 Homicide determined	building,	atc. (Specify)	,	irout, incit	лу, описа			28f. LOCATION (Street City or Town, State	and Number (or Hurai Pi	oute Number,
"	290. CERTIFIER	CIAN. To the heat of										
COMPLETED	2 MEDICAL EXAMINE	R: On the basis of a	my knowledge, de	nvestigation	n, in my o	me, data : pinion, de	and place	, and dua red at the t	to the cause(s) and ma time, data and place, as	nner as atate	d. cause(s)	and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	uni	S				29c. LICI	RNSE NUM	BER 2	29d. DATE	SIGNED	(Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAU	SE OF DEATH (ITER	1 27) (Type,	Print)	9.	. (72		10	111	~
1	31. DATE FILED (Month, Day, Year)	l so nedoza				TU	1	Jun 1	and il M'a.	0	716	
		4 32. HEBISAHA	H'S SIGNATURE	702 8 4	W9							
	OCT 3 0 199	32. HEBISAHA	SECONATURE	gandel	2							

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MARYLAN REGISTRAR	ID / DEPAR	RTMENT OF	HEALTH AND	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Lest)				2. DATE OF DEATH		3. TIME OF DEATH
	Elizabeth G. Rowens aka Be	etty G	. Rowe	ns	MONTH D	YEAR	
-		rrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS	7. DATE OF BIRTH	6. BIR	THPLACE (State or Foreign
)	214-12-6930 1 N 2 X F 69	YRS.	MONTHS DAYS	HOURS MIN	(Month, Day, Year) 12-7-1921	Cou	aryland
1	9e. FACILITY NAME (If not institution, give street and number)		96. CITY, TOWN	OR LOCATION OF		9c. COUNTY OF	4
FUNERAL DIRECTOR	Memorial Hospital RESIDENCE OF DECEDENT 100. STATE 100. COUNTY		East			Tall	oot
DIRE	Maryland Easton		y, town or loc bot	ATION			10d, INSIDE CITY LIMITS?
1 V	10e. STREET AND NUMBER			Of, ZIP CODE		100 CITIZEN OF	YES 2 NO
IER/	602 Windmill Road			21601		USA	WHAT COUNTRY!
N.	11. MARITAL STATUS 1 Never Merried 2 Merried FORCES? 1 YES 2	S. ARMED	13. WAS DE	CENDENT OF HIS	PANIC ORIGIN? (Specify Ye	8 OF NO- 14. RA	CE — American Indian,
ВУ Б	1 Never Merried 2 Merried IF YES, GIVE WAR OR DATE:	S			Icen, Puerto Rican, etc.)	Bla	ick, White, etc.
ED B	**			7171			White
TE	(Specify only highest gride completed)	(Give kind of a life. Do NOT us	WORK done during n	ION lost of working	18b. KIND OF BU	SINESS/INDUSTRY	
COMPLET	Elamentery/Secondary (0-12) College (1-4 or 5+)				21.		
OME	17. FATHER'S NAME (First, Middle, Last)	Ketan	Manager		Station		
	T. Arthur Gannon				NAME (First, Middle, Maiden	Surname)	
BE	1. ATTIME GAITION 190. INFORMANT'S NAME (Type/Print)	T 22211 1040		- V	McNeal		
5	Nancy R. Horner				al Route Number, City or Tow	n, State, Zip Code)	
	AND METHOD OF DISCOURSE				MD 21601		
	*X piriel 2 Cremation 3 Ramoval from State cemeter	ry, crematory or o	OF DISPOSITION (Fither place)		1	CATION — City or	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	g Hill C	emetery	AND ADDRESS OF	10-29 Easto	n Maryl	and
	137	COD	Newn	AND ADDRESS OF	ral Home		
			200 S.	Harrison	St., Easton	MD 216	01
	23. PART I. Enter tha diseases, or complications that caused the ahock, or heart failure. List only one cause on each	a daath. Do r	not anter the m	oda of dying, s	uch as cardiac or resp	Iratory arreat,	Approximata
	IMMEDIATE CAUSE (Final	i iiiie.					Interval Between Onaet and Death
	disease or condition resulting in death)	spira	tra o	ment			
	OUE TO (OR AS A CO	NSEDUENCE OF	Pin ()	0	0		0
Z	Sequentially list conditions,		4 -	hleun	where	. Packet	12 tre
CERTIFICATION	if any, leading to immediate	NSEQUENCE OF	F):	0 1	1 1 .	1 3	100000
2	CAUSE (Disease or Injury	_	mild	try	es eusu	_	YRS
E	that initiated eventa DUE TO (OR AS A CO) reaulting in death) LAST	INSEQUENCE OF	F):	(1			
H	d			0			
AL (PART II. Other significant conditions contributing to death but r	not resulting	in the undarlyin	ig causa given i	in Part I. 24s. WAS AN	AUTOPSY 24	b. WERE AUTOPSY FINDINGS
2	PARKINSONS DISS	2245			PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
					1 TES 2	NO	OF DEATH?
2							1 YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL		28 F	LACE OF DEATH (Chack only one)		
PHYSICIAN: MEDIC	EXAMINER? 1 YES 2 NO 1 Inpetient 2 ER/Outpatien	nt 3 🗆 DOA	OTHER:				
Ŧ	27. MANNER OF DEATH 28s. DATE OF INJURY	28b. TIM		JURY AT	6 Other (Specily)	WILLIBA OCCUBED	
	Natural 5 Pending (Month, Day, Year)		URY W	YES 2 NO	Town Degoning How	NOON! OCCOMED	1, 275, 375
BY	3 Suicide & Could and be 26e. PLACE OF INJURY - A	At home, farm, s			281. LOCATION (Street a	and Number or Burel	Brude Number
品	4 Homicide detarmined building, atc. (Specify)				City or Town, State)	and realition of rigidi	House Namber,
	290. CERTIFIER						
COMPLET	(Check only one) 2 MEDICAL EXAMINER: On the basis of exemplation and	a, daeth occurre	d at the time, det	end place, and d	ue to the cause(e) and mer	nner as stated.	The second
		d/or investigatio	п, іп ту оріпіон,	death occured at ti	ha fima, date and place, an	d due to the ceuse	(e) and menner ae stated.
B	296. SIGNATURE AND TITLE OF GERTIFIER	W)		29c. LICENSE N	UMBER	29d. DATE SIGNE	D (Month, Day, Year)
0	Coffee 14th Cosp.	111		107	2824	7.10	Eldker 91
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH	4 - 1			21601		
-	31. DATE FILED (MONIN, Day, Year) 32. REGISTRAN'S SIGNATUR		MAR	LAND	21601		
	OCT 08 1001	- Donde	M.				

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M.C. Danman J. Cr.S.P.	
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DANIA!	vs any injury, or other traumatic event,
DI JOIJO	traun
Glene	other
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eall	8

	FOR 1 - STATE	STATE OF MARYLAND			MENTAL		32	343
_	REGISTRAR		CERTIFICAT	E OF DEATH		REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest)	Ninfred	Rohre	R	2. DATE MONTH	1 1	YEAR L	I 15 A M
		5. SEX 8. AGE (In yrs.	last birthday) IF UND	ER 1 YEAR IF UNDER 24 HRS DAYS HOURS MIN.	7. DATE (OF BIRTH , Day, Year)	6. BIRTHPLA	CE (State or Foreign
	212	1×12 F 91	YRS.		10.	-6-1901	MAL	And
TOR	Pa. FACILITY NAME (If not institution, give street Readers Memoria RESIDENCE OF DECEDENT) No.	11	Boonsboro	DEATH		SHIN	GtoN
DIRECTOR	10m. STATE 10b. COUNTY	sH in 6 tow	10c. CITY, TOWN	1				LIMITS?
	10a. STREET AND NUMBER	11 146 100	MIOGIE	etown.		10a. CITI	ZEN OF WHAT	YES 2 NO
ERA	6619 Zittles.	town Rd		21769	~	(1	SA	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S.	ARMED 1:	I. WAS DECENDENT OF HISP If yes, specify Cuban, Max				American Indian, nite, atc.
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		1 TYES 2 NO Spe		mount, accept	Specify	WHIte
	15. DECEDENT'S EDUCA (Specify only highest grade co	TION 16a.	DECEDENT'S USUAL	OCCUPATION	16b.	KIND OF BUSINESS/IND	USTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)		e during most of working)		State Gove	rmant	
MP	9		Forrester				LINEITC	
00	17. FATHER'S NAME (First, Middle, Last) HARVEY Roll	HRER		18. MOTHER'S		Middle, Malden Sumame)	Roh	100
BE	19a. INFORMANT'S NAME (Type/Print)	Thor.	19b. MAILING ADDRE	SS (Street and Number or Rur	-			
9	Patsy L. Stanley		6541 Was	hington Monu	ment	Rd. Boonsb	oro, M	id. 21713
	20a. METHOD OF DISPOSITION 1X Buriat 2 Cremation 3 Ramov 4 Donation 5 Other (Specify)	al from State 20b. PLA	ce of disposition (Name of cemetery, crematory of metery		-91 Boonsb		
	21. SIGNATURE OF FUNERAL SERVICE LID	Jr. Joub	b 5	BAST K	FACILITY 76	06 Old Nat	ional d. 21	Pike 713
	23. PART I. Enter the disease, pr cD ehock, pr hsert failure. Li IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	Affect of Constant Co	lne. cardiovas		uch ee cerd	1 10		Approximate interval Between Oneet and Deeth
ERTIFICATION	Sequentielly liet conditione, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CON						
PHYSICIAN: MEDICAL CE	PART II. Other significent conditions	contributing to deeth but no	/ /	underlying caues givsn	in Part i.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	CO OF	RE AUTOPSY FINDINGS ILLABLE PRIDE TO MPLETION OF CAUSE DEATH? YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH	(Check only on	ne)		
SIC		HOSPtTAL: 1 Inpatient 2 ER/Outpatient	OTH 3 □ DOA 4 DA	ER: ursing Home 5 ☐ Resident	ce 6 🗆 Othe	r (Specify)		
	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	26c. INJURY AT WORK? 1 YES 2 NO	_	SCRIBE HOW INJURY OC	CURED	TOS
LED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicida determined	26e. PLACE OF INJURY — Ai building, etc. (Specify)	t home, farm, street, fa	actory, office	28t. LOC. City	ATION (Street and Number or Town, State)	or Rural Route	Number,
COMPLETED	one)	AN: To the beat of my knowledge On the beals of examination and						d manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	RI tough	-MD	29c. LICENSE I	NUMBER 5579	29d. DAT	(17/9)	nth, Dey, West
9	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH						

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

100

32. REGISTRAR'S SIGNATURE Pandall.

Geet

(Turker

31. DATE FILED (Month, Day, Year)
NOV 18 '91

zedysville,

Má

DHMH-16 Ray 1/89

21756

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.—Curs after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages in the within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First, Middle, Last			CATE OF I	LAIII		REG. NO.					
	ŋ				2. DATE OF	DEATH	YEAR	3. TIME OF DEATH			
Olga	Elizabeth	Robe	rts		нтиом	1/05/91	TEAH				
4. SOCIAL SECURITY NUMBER				IF UNDER 24 HRS.	7. DATE OF	BIRTH	8. BIRTH	PLACE (State or Foreign			
212-30-0783	1 M 2 F	80 YRS.		HOURS MIN.	5-		MD				
9a. FACILITY NAME (If not institution, give Anne Arundel M		118	Annapol		EATH	1000	nne A	cundel			
10a. STATE 10b. COUN	ne Arundel		10c. CITY, TOWN OR LOCATION Arnold				10				
100. STREET AND NUMBER 832 Clifton Av	e.		10f. 2	210	12	10g. CITIZEN OF WHAT COUNT					
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	2 NO If yes, specify Cuban, Maxican			(Spacify Yea or No- en, etc.)		6. RACE — American Indian, Black, Whita, atc. Specify:			
15. DECEDENT'S EL (Specify only highest gra- Elementary/Secondery (0-12)		16a, DECEDENT'S US (Give kind of worn life. Do NOT use r	rk done during most	of working	18b. K	IND OF BUSINESS/	NDUSTRY				
Homemaker Home											
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Mic	ddle, Meiden Surname)				
Anthony Chepai	tis		1.16	Alexan	dra B	udkiwicz					
190. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street and			; City or Town, State,	Zip Code)				
Mrs. Patricia	A. Fulcher	832 CT	ifton Av	· _	Ar	nold	M	21012			
20a. NETHOD OF DISPOSITION 1 Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify)		PLACE OF DISPOSIT	TION (Neme of ceme	tery, crematory or		20c. LOCATION	— City or To	City or Town, Stata			
21. SIGNATUME OF SUBERIAL SERVICE	LICENSEE	Darchiore		ADORESS OF FA	CILITY	Baltimo	ce, MI	}			
21. SIGNATURE 30 ADDRESS OF FACILITY 495 Ritchie Hwy. Barranco Funeral Home Severna Park MD 21146 23. PARY 1. Enter the disasses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate											
iMMEDIATE CAUSE (Final disease or condition resulting in desth)	eDUE TO (OR A	Cerclusi S A CONSEQUENCE OF):	only th	men	1			Menuly			
Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated avente reculting in death) LAST Exercises and the sequence of the											
CAUSE (Diseess or injury thet initieted evente	d.										
CAUSE (Diseess or injury thet initieted evente	lons contributing to destr	but not resulting in		csuse given in		24a, WAS AN AUTOP PERFORMEO? 1 U YES 2 NO	SY 24b	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
CAUSE (Disease or injury that initiated avente resulting in death) LAST	11	n but not resulting in		cause given in		PERFORMEO?	SY 24b	COMPLETION OF CAUSE OF DEATH?			
CAUSE (Disease or injury that initiated avente resulting in death) LAST PART II. Other significant conditions are significant conditions.	Hyperlini	<i>y</i>	the underlying	CSUSE given in		PERFORMEO?	SY 24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
CAUSE (Disease or injury that initiated avente resulting in death) LAST PART II. Other significant conditions are also as a significant conditions.	Hyperlini	~ T	ths underlying	CE OF OEATH (C)	heck only one,	PERFORMEO?	SY 24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
CAUSE (Diseess or injury that initiated avente resulting in death) LAST PART II, Other significant conditions are significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	HOSPITAL: 1 Inpatient 2 ERVO	outpatient 3 DOA 4	26. PLA OTHER: 4 Nursing Home OF 28c. INJU	CE OF OEATH (C)	heck only one,	PERFORMEO?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
CAUSE (Disease or injury that initiated avente resulting in death) LAST PART II. Other significant conditions to the condition of the conditi	HOSPITAL: 1 Inpatient 2 ER/O 28a. OATE OF INJUR (Month, Dey, Yea 28a. PLACE OF INJUR building, atc. (5)	butpatient 3 DOA 4 TY 28b. TIME INJUI	28. PLA OTHER: 6 Nursing Home OF WOR M 1 YI	S G Residence	8 Other 28d. OESC	PERFORMEO? 1 VES 2 NO (Specify)	OCCUREO	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
CAUSE (Diseess or injury that initiated avente resulting in death) LAST PART II. Other significant conditions are significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation investigation investigation investigation in the investigation investigation in the investigation in the investigation in the investigation investigation in the investigation in	HOSPITAL: 1 Inpatient 2 ER/O 28a. OATE OF INJUI (Month, Dey, Yea 28a. PLACE OF INJUI building, atc. (5)	Dutpatient 3 DOA 4 RY 28b. TIME INJUI JRY — At home, farm, str pocify)	26. PLA OTHER: 4 Nursing Home OF 28c. INJU WOR 1 YO	S Residence RY AT KY ES 2 NO	8 Other 28d. OESC 26f. LOCA*	PERFORMEO? 1 YES 2 NO (Specify) FRIBE HOW INJURY FION (Street and Num Town, Stete)	OCCUREO	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
CAUSE (Diseess or injury that initiated avente resulting in death) LAST PART II. Other significant conditions are selected as a condition of the condition of	HOSPITAL: 1 Inpatient 2 ER/O 28a. OATE OF INJUR (Month, Day, Yea 28a. PLACE OF INJUR building, stc. (S	Dutpatient 3 DOA 4 RY 28b. TIME INJUI JRY — At home, farm, str pocify)	26. PLA OTHER: 4 Nursing Home OF 28c. INJU WOR 1 YO	SCE OF OEATH (C/C) 5 Residence RY AT IK? ES 2 NO and plece, end du ath occured at the	eck only one, Other 28d. OESC 28f. LOCA City or a to the ceus	PERFORMEO? 1 VES 2 NO (Specify) RIBE HOW INJURY FION (Street and Num * Town, Stete)	OCCUREO siber or Rural stated.	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,			
CAUSE (Diseess or injury that initiated avente resulting in death) LAST PART II. Other significant conditions and incomplete the conditions are incompleted as a condition of the condi	HOSPITAL: 1 Inpatient 2 ERVO 28s. OATE OF INJUR (Month, Dey, Yes be 28s. PLACE OF INJUR building, stc. (S	outpatient 3 DOA 4 TY 28b. TIME INJUI JRY — At home, farm, stripecify) nowledge, death occurred atton and/or investigation,	26. PLA OTHER: 4 Nursing Home OF 28c. INJU WOR 1 YO	S Residence RY AT KY ES 2 NO	eck only one, Other 28d. OESC 28f. LOCA City of	PERFORMEO? 1 VES 2 NO (Specify) RIBE HOW INJURY FION (Street and Num * Town, Stete)	OCCUREO siber or Rural stated.	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			

		1 - STATE REGISTRAR		CERTIF	ICATE OF	DEATH	MENTAL	REG. NO.	-		
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE O	F DEATH		3. T	IME OF DEATH
		James Alfred Sau	nders				Octo	her 2		YEAR	3:24 PM
		(2 1 2 2 1 1 1) 2		n yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O				CE (State or Foreign
(an	1			O YRS.	MONTHS DAYS	HOURS MIN.	3-	2-19	31	M	4.
(P	No.	99. FACILITY NAME (If not institution, give street Kent & Queen An		L		or Location of C	DEATN		9c. COUNT	Y OF DEATN	
-	5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	/								
nii. Page	DIRE	Mg. X	ENT	10e. CIT	y, town on Loca	TERTO	سري			1	INSIDE CITY LIMITS? YES 2 NO
n. ansit per	FRAL	341 CAN	NON ST		1	2/6.	20		10g. CITIZE	N OF WHAT	COUNTRY?
YLAND 21215-0020 by the hospital or attending physician. be detached for use as the buna-transit at once.	BY FUNE	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	2. WAS DECEDENT EYER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, a	CENDENT OF NISPA pecify Cuben, Mexic S 2 NO Spec	en, Puerto Ri	(Specify Yes	or No 16	RACE - A Block, Wh	ACK
21215 tal or attend for use as	LETED	15. DECEDENT'S EDUCA (Specify only highest grade co Elementery/Secondary (0-12)	ION npleted) College (1-4 or 5 +)	life. Do NOT us	vork done during me retired.)	ION post of working	16b. I	(IND OF BUS	INESS/INDUS	- 1	uS
AND the hospit detached		17. FATHER'S NAME (First, Middle, Ust)			ADO	18. MOTNER'S N.	AME (First, Mic	ddle, Maiden S	Surname)	110	()
MARYL retained by 5 should be	u	190. INFORMANT'S NAME (Type/Print)	SAUNDE		ADDRESS (Street	and Number or Rural	Route Number	S City or Town	M , State, Zip Co	7H	
Ay be no page 5		CAPRINE TOP	KER	341		NON S	51.	Che	SIE	RTOI	
E 0 0 =		Burlel 2 Cremetion 3 Removi	I from State ceme	pery, crematory or pr	her place X	1A11 11	-2-91	20c. LOC	E ST	y or Town, S	in R. PHI
SALT death. Fire funeral		· Dema	D W		2	ADDRESS OF F	SIE	RTO	S1.		2/620
within 24 hours mpletely filled in to cremation, or request, the media		23. PART I. Enter the diseases, or conehock, or heert failure. Lie IMMEDIATE CAUSE (Finel disease or condition resulting in death) 8.	policetione thet caused to only one ceuse on ee	ch line.	Pa	evph	ch es cerdie	ec or respir	atory erres	t,	Approximete Intervel Between Oneet end Death
P.O. BOX th certificate be e ending physician i Hygiene prior to or other traum	ERTIFICATION	Sequentielly liet conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated evente resulting in deeth) LAST	DUE TO (OR AS A O			0	0				
- to See -	18	PART II. Other eignificant conditions of	ontributing to death bu	t not resulting i	n the underlyin	ng ceuse given in		4a. WAS AN A PERFORM	AED?	AVAIL	E AUTOPSY FINDINGS LABLE PRIOR TO PLETION DF CAUSE JEATN?
AL RECOF he law requires that has been signed to Dept. of Health a	N. ME						_				YES 2 NO
VITAL AN: The law tificate has e State Depi	CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	CCDIFAL			LACE OF DEATH (C/	neck only one)				
F VIT.	YSICI	the second second	OSBITAL: Dispatient 2 - ER/Outpar	tient 3 🗆 DOA	OTHER: 4 Nursing Non	ne 5 🗆 Residence	8 Other (Specify)			
this with	у РНУ	27. MANNER OF DEATN 1 Active 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI	JRY W	JURY AT ORK? YES 2 NO	28d. DESCI	RIBE NOW IN.	JURY OCCUR	RED	
ISIC TTEND TTOR: A after d	LED B	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY - building, etc. (Specifi	— At home, ferm, a	treet, fectory, offic	:0	281. LOCAT City or	ION (Street en Town, Stale)	d Number or	Rural Route I	Vumber,
DIV TAL DR A AL DIREC 72 hours	COMPLE		N: To the beet of my knowle								
HOSPITAL FUNERAL within 72 I	8	2 MEDICAL EXAMINER: (In the besie of exemination	end/or investigation	n, In my opinion,	death occured at the	time, date er	nd plece, end	due to the c	euse(s) and	menner es stated,
TO THE HOSPITAL TO THE FUNERAL DE filed within 72 IMPORTANT: If	BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Em am	MID		DIG 4	MBER 9		29d. DATE SI	IGNED (Mon)	h. Day. Year)
	10	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEAT	TN (ITEM 27) (Type,	Print)				7		4.1
		31. DAYE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT	TURE Produce							

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BAL	after d	y the	
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	24	lion tion	
, o	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 rours after death.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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THE PECCHES, T.O. BOX 601, 601, 601, 601, 601, 601, 601, 601,	DR /	DIRE	
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	HOSP	FUNE	
	THE	THE	
	2	23	

		1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPAI	RTMENT	OF H	EALTH AND DEATH	MENTAL HYGII		02040			
		1. DECEDENT'S NAME (First, Middle, Last) Freda Catherine 4. SOCIAL SECURITY NUMBER 217 36 2154		rs. last birthday) YAS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	2. DATE OF DEATH MONTH Septemb 7. DATE OF BIRTH (Month, Day, Year) June 24	er 26	3. TIME OF DEATN 1991 5:20 P 8. BIRTINPLACE (State or Foreign Country)			
2	FOR	98. FACILITY NAME (If not institution, give Kent & Queen Anno					R LOCATION OF D			Maryland NTY OF DEATH It			
it. Pages 1,	DIRECTOR	10e. STATE 10b. COUNT Maryland Kent			ry, TOWN C			l Pond Far	cm .	10d. INSIDE CITY LIMITS? 1 YES XX NO			
an. ransit permit.	FUNERAL	RFD Mill Pond F	arm			101	21620		US.	ZEN OF WNAT COUNTRY?			
1215-0020 or attending physician. rr use as the burial-transit	ВУ	11. MARITAL STATUS Widowed 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO NO	'	WAS DEC	cify Cuben, Mexic	NIC ORIGIN? (Specify en, Puerto Ricen, stc.) fy:	Yes or No-	14. RACE — American Indian, Black, White, etc. Specify: White			
AND 21215 the hospital or attend detached for use as once.	PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION 18d Completed) College (1-4 or 5+)	O. DECEDENT'S (Give kind of life. Do NOT u	work done o	CCUPATIO during mos	N It of working	Of Cos	metol	ogy			
RYLAN ed by the hos uld be detach ed at once.	BE COMPL	17. FATHER'S NAME (First, Middle, Last)	Charles Wesley					AME (First, Middle, Maid cet Cecil		h School			
RE, MAR ay be retained page 5 should be notified	TO E	Jean R. Thompson		RFD	Mill	Pon	d Farm	Route Number, City or 1 Chesterto	wn,Md.	. 21620			
e 6 m ector.		20. METHOD OF DISPOSITION B Ham 1 2 Cremetion 3 Rem 1 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIE	Che	ACE AND DATE y, crematory or o Sterfi	eld (Cem.	Sept. 2 D ADDRESS OF FA	19 1991 NOILITY	Centre	City or Town, State Eville, Md.			
BALTIN after death. Pag by the funeral di imoval.		23. PART I. Enter the diseases, or	Olio Wel	les			llis Wel	.ls Chest	ertown	# 264 n, Md. 21620			
760, ed within 24 rours ompletely filled in il. cremation. or re event, the med		isheck, or heart feilure. IMMEDIATE CAUSE (Fine) disease or condition resulting in death)	Liet only one ceuse on each DUE TO (OR AS A CO)	line.						Interval Between			
BOX 68 ficate be execu physician and ne prior to bur ner traumatic	RTIFICATION	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
end H	CERT	resulting in deeth) LAST	1										
RECORD v requires that the been signed by the it. of Health and M shows any Inji	N: MEDICAL	PART II. Other significant condition fun at fauluse, Can dio V as a	e contributing to death but new transition of the contribution of	ot resulting	In the uni	derlying 5 Cl	cause given in	Pert I. 24e. WAS PERF 1 TYES	N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
The The ste Date Date Date	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	w 1 1 1004	OTHER	:	ACE OF DEATN (Ch						
OF PHYSIC this cer with th	ВУ РНУ	27. MANNER OF DEATN 1 Netural 5 Pending Investigation	26s. DATE OF INJURY (Month, Day, Year)	28b. TIM		28c. INJU WOF	RY AT	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCC	URED			
DIVISION DR ATTENDING IN DIRECTOR: After hours after death item 28 is man	윤	3 Suicide 8 Could not be detarmined	28e. PLACE OF INJURY — A building, etc. (Specify)	t home, ferm, i	street, facto	ory, office		261, LOCATION (Stree City or Town, Sta	t and Number a)	or Rural Route Number,			
4 7 5 F	COMPLE	2 MEDICAL EXAMINE	CIAN: To the best of my knowledge R: On the besis of examination end	, death occurre	ed at the tir on, in my op	ne, date o	end place, and due oth occured at the	to the ceuse(s) end m	enner es state	ed. e cause(s) and menner as stated.			
TO THE HOSPIT TO THE FUNERA be filed within 7	TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	Kon ins.	(ITFM 27) (Type	Print)		D/70	BER 3 C	29d. DATE	SIGNED (Month/Day, Year)			
		F A	32. REGISTRAR'S SIGNATUR	516	- 3	shi	yton K	The Olis	Into.	m M/2/620			

Julia Davidson Bondose

SEP 30 '91

SEP 30 31 Strategy - 18 08 PM

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR	STATE OF MARY		ICATE OF		MENTAL	REG. NO.						
1. DECEDENT'S NAME (First, Middle, Last) MARION	Α. 5	SHAMBAUGH			2. DATE MONTH	OF DEATH		EAR	7216 p			
4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR		7. OATE (OF BIRTH	8.		CE (State or Foreign			
705 05 9239	1X M 2 F	81 YRS.	MONTHS DAYS	HOURS MIN.	4-2	8-10			. Va.			
									9c. COUNTY OF DEATH			
Cumberland Memor	cial Hospita	1	CUMBER	RLAND			ALLEGANY					
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y	10c. CITY	Y, TOWN OR LOC	ATION			I, INSIDE CITY					
W. Va. Morg	ran	Gr	eat Cac	anon			1	LIMITS? YES 2 X NO				
10e. STREET AND NUMBER	5411	GI		of. ZIP CODE		10g. CITIZEN	N OF WHAT COUNTRY?					
H.C.R. 62 Box 12	20		100	25422		100	U.S.	Δ				
11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMEO	13. WAS OF	CENOENT OF HISPAI	NIC ORIGIN	? (Specify Yes	-	RACE -	American Indian,			
1 Never Married 2 Married	FORCES? 1 YES			specify Cuban, Maxica ES 2 X NO Specif		lican, etc.)		Specify:	nita, etc.			
3 Wildowed 4 Divorced				**				Ī	White			
15. DECEOENT'S EOU (Specify only highest grade		16e. DECEDENT'S (Give kind of v	WORK done during in se retired.)	TION nost of working	16b.	KIND OF BUSI	NESS/INDUS	TRY				
Elementary/Secondary (0-12)	College (1-4 or 5+)											
Unknown 17. FATHER'S NAME (First, Middle, Last)		Track	Worker			. & 0.		road				
				18. MOTHER'S NA			urname)					
Joseph Shambaugh	1	T 405 MAILING	ACODECS /Como	Rache:			State 7in Co	ela)				
Debra A. Shambau	, ch								05/00			
20a. METHOO OF OISPOSITION				Box 120								
	tal 2 Commettee 2 Removal from State											
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												
· (1 1)			Mil1	er Funera	al Ho	me						
23. PART Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate												
shock, or heart fallure. List only one cause on each line.												
shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF A LINE OF												
resulting in death)	a	iman	anky	0486	ase							
	DUE TO (OR AS	A CONSEQUENCE OF	1/1									
Sequentially list conditions,	b	A CONSEQUENCE OF		rances								
if any, leading to immediate cause. Enter UNDERLYING	· ·	CUL	r.j.									
	c	A CONSEQUENCE OF	F):									
CAUSE (Disease or injury	OUE TO (OR AS											
	OUE TO (OR AS											
CAUSE (Disease or injury that initiated events resulting in death) LAST	d											
CAUSE (Disease or injury that initiated events	d	but not resulting	in the underlyl	ng cause given in	Part I.	24a. WAS AN /			RE AUTOPSY FINOING			
CAUSE (Disease or injury that initiated events resulting in death) LAST	d	1/UC (TI		ng cause given in	Part I.		MED?	AV				
CAUSE (Disease or injury that initiated events resulting in death) LAST	d	but not resulting 1 (UC (TIE		ing cause given in	Part I.	PERFORI	MED?	OF	AILABLE PRIOR TO MPLETION OF CAUSE			
CAUSE (Disease or injury that initiated events resulting in death) LAST	d	1/UC (TI		ing cause given in	Part I.	PERFORI	MED?	OF	MILABLE PRIOR TO MPLETION OF CAUSE DEATH?			
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RECORDS	or requires that th
DIVISION OF VITAL	INCOURTS OF ATTERIOR DUVOIDIAN. The law sequines that the death carliforts he evented with
DIVISION	ON ATTENDIAL
_	DODITE

	REGISTRAR			Shill	CALE	OF DE	AID	HEG N	O.				
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH			TIME OF DEATH		
	Ida		5:51	05				MONTH	DAY	YEAR	5.50 0		
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. las	1	IF UNDER 1	YEAR IF UN	IDER 24 HRS.	7. DATE OF BIRTH	7	BURTHPI /	ACE (State or Foreign		
	212 711 857	1 M 2 XF	89	YRS.		DAYS HOUF	1	(Month, Day, Year)	-	Country)			
1	213-74-8876		89	1113.				1-18-1			Virgini		
1	9e. FACILITY NAME (If not institution, give :	street and number)				OWN OR LOC	ATION OF DEA	TH	9c. COUNT				
	Chapel Hill Con	10. Hours	13111601	00000	ARd.	Ray	ndals	nwofe	Ba	ithi	mor ca		
	RESIDENCE OF DECEDENT							144011					
ú	10a. STATE 10b. COUNT				Y, TOWN OR					10-	d. INSIDE CITY LIMITS?		
	ma Ba	Himore	co.	RC	bour	250	rwot			1	YES 2 KNO		
	10e. STREET AND NUMBER			_		10f, ZIP C	ODE		10g, CITIZE		T COUNTRY?		
To the second	WELL POLY												
	4511 Polo 550						1133	2		5			
	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN U.S. AF	NO	13. W/	S DECENDEN	IT OF HISPANI	C ORIGIN? (Specify Puerto Ricen, atc.)	Yee or No- 1	I. RACE - Bleck, W	American Indian, /hite, etc.		
	1 Never Merried 2 Merried	IF YES, GIVE WA		(10			NO Specify:	, r dento risceni, atc.,			shine		
	3 Widowed 4 Divorced					^					-		
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondery (0-12) B 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) HOME maker 17. FATHER'S NAME (First, Middle, Last) 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 18. KIND OF BUSINESS/INDUSTRY OWN HOME 19. MOTHER'S NAME (First, Middle, Meiden Surname)													
	(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) (Give kind of work done during most of working life. Do NOT use retired.)												
	Elementary/Secondary (U-12) College (1-4 or 5+)												
	Tome maker of the frome												
										elm			
2	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (oute Number, City or 1					
2	Iluah Cialan		1	1001	_	. 1 . D			7				
	Hugh Sisler		201 01 100	1004	- F ma	ch_ko	ad; R	eltsyil	le, M	1 2	0/05		
-	20e, METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Ren	noval from State	other pi	lace)			crematory or		LOCATION — CI				
	4 Donetion 5 Other (Specify)		Bloo	mino	Ros	e Cer	neter	y F	riends	vil	le, MD		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			22 N	ME AND ADD	DESC OF EAC	II ITV					
	Newman Funeral Homes, P.A.												
	Grantsville, MD 21536 23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximately												
	IMMEDIATE CAUSE (Fine) disease or condition resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF):												
CENTIL ICALION	Sequentially liet conditione, if any, leading to immediate b. DUE TO (OR AS A CONSEQUENCE OF):												
	ceuse. Enter UNDERLYING												
	CAUSE (Diseese or injury thet initisted events	DUE TO (OR AS A CONSE	OUENCE OF	F):								
	thet initisted events reculting in deeth) LAST												
į		d								-			
	PART ii. Other significant condition	ns contributing to d	desth but not	resulting i	in the und	eriying ceu	es given in F	Part I. 24e. WAS	AN AUTOPSY		ERE AUTOPSY FINDIN		
	0	emia				- 5/2		PERF	ORMED?		MILABLE PRIOR TO		
EDICAL		cites						1 TYES	2 NO		DEATH?		
	1-15	01763	1	0						1	YES 2 NO		
	(0)	onary f	Hotery	11,	Jeas	R							
	25. WAS CASE REFERRED TO MEDICAL					26. PLACE O	F DEATH (Che	ck only one)					
	EXAMINER?	HOSPITAL:			OTHER:								
-	1 YES 2 NO	1 Inpatient 2						Other (Specify)					
PRI SICIAN.	27. MANNER OF DEATH	26e. DATE OF II (Month, Day		28b, TIM INJ	IE OF 2	8c. INJURY A' WORK?	T	28d. DESCRIBE HO	W INJURY OCCU	RED			
	1 Natural 5 Pending 2 Accident Investigation				М	1 YES	2 NO						
	a Decision	28e. PLACE OF	INJURY - At he	ome, farm, o	etreet, factor	y, office		28f. LOCATION (Stre	et end Number o	r Rumil Rout	te Number,		
3	4 Homicide 8 Could not be	building, a	itc. (Specify)					City or Town, Sti	ite)				
	29e. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the beat of n	ny knowledge, d	enth occurr	ed at the tim	e, date and p	lece, end due t	to the ceuse(e) and i	menner ee atateo	f."			
COMPLE	one) 2 MEDICAL EXAMIN	ER: On the beele of exa	amination end/or	investigatio	on, In my op	nion, death o	ccured at the t	Ime, date end place,	end due to the	ceuse(e) er	nd menner ae state		
	29b. SIGNATURE AND TITLE OF CERTIFIE	2 20/1				29c.	LICENSE NUM	BER O P	29d. DATE	SIGNED (M	opth, Day, Year)		
	Tool &	Mon				1	1520	0 2		11/	6/9		
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSI	E OF DEATH (ITE	M 27) (Type	, Print)	^	1	1		1			
	7 49 M20	in Sof	-201			1221	1.201	10000	mI	7	1136		
	DA DATE SHIPD HE		1-0-1			/	1000	00/	filel		0,1,0		
	31. DATE FILED (Month, Day, Year)	1 Gulia Day	IS SIGNATURE	ndell									
	MUY U 8 199	1 grana viu	14001-1										
	110.00.00												

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

YEAR

9c. COUNTY OF DEATH ALLEGANY

2. OATE OF DEATH DAY

7/10/28

7. OATE OF BIRTH (Month, Dav. Year)

NOVEMBER 3, 1991

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

215807842

LOIS BELLE SHOEMAKE

9e. FACILITY NAME (If not institution, give street and number)

SACRED HEART HOSPITAL

1 M 2 F

DIRECT	10a. STATE 10b. COUP	LLEGANY		TOWN OR LOCATIO		(ZIHLMAN	1)	10d. INSIDE CITY LIMITS? 1 YES AND				
ERAL	RT. 2, BOX 10	8			21532		U.S	N OF WHAT COUNTRY?				
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEOENT EVER FORCES? 1 YES	2 NO	It yes, spec		IIC ORIGIN? (Specify n, Puarto Rican, atc.) /:	Yaa or No—	4. RACE — American Indian, Black, Whita, atc. Specify: WHITE				
LETED	15. OECEOENT'S E- (Specify only highest gra Elementary/Secondary (0-12)		life. Do NOT use	rk done during most retired.)	of working		BUSINESS/INDU	STRY				
COMPLET	1.2 17. FATHER'S NAME (First, Middle, Last)		HOUS	EWIFE	18. MOTHER'S NA		HOME					
ш		DEFFENBAUGI	H	18. MOTHER'S NAME (First, Middle, Maiden Sumame) CELESTE BLANK								
TO B	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or						
F	MR. ROBERT SHO	EMAKE	RT. 2	, BOX	108, FI	ROSTBURG	, MD	21532				
	20a. METHOO OF DISPOSITION 1 1 Burlel 2 Crematton 3 Re 4 Donation 5 Other (Specify)		f cemetary, crematory of FROSTBU	RG MEM	ORIAL I	K 11/5	FROST					
	21. SIGNATURE OF THE AL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOWERS FUNERAL HOME											
	> 1/ Karelo	47/1:A6	Deven /	60 W	MAIN	ST., FF	ROSTBU	RG, MD 21532				
	23. PART I. Entar the diseases, of shock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. List only one cause on	ad the death. Do no aach line. ACONSEQUENCE OF):	CARC			apiratory arre	Approximata interval Batween Onset and Dasth				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST Due to (or as a consequence of): Due to (or as a consequence of): C. OUE TO (or as a consequence of): Due to (or as a consequence of): ALL VUTUTION											
MEDICAL	PART II. Other algorificant condit	iona contributing to death	but not resulting in	tha undarlying	cause given in	PER	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO				
AN	25. WAS CASE REFERRED TO MEDICAL			28. PL/	CE OF OEATH (Ch	eck only one)						
SIC	1 Tes 2 NO	HOSPITAL:		OTHER:		a Other (Specify)						
BY PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		RY WOR		28d. DESCRIBE HO	W INJURY OCCL	PRED				
E	3 Suicide 8 Could not 4 Homicide determined	28a. PLACE OF INJUF building, atc. (Sp	RY — At home, farm, at secify)	reet, factory, offica		28f. LOCATION (Str. City or Town, St		r Rural Route Number,				
COMPLET	cool	YSICIAN: To the best of my kno						d. cause(a) and menner as stated.				
BE	29b. SIGNATURE AND TITLE OF CERTIF	FIER augero	A Zeeg	w w	29c. LICENSE NU	MBER 13 66	29d. DATE	SIGNED (Month, Day, Year)				
10	30. NAME AND ADDRESS OF PERSON DR. ANGEL ROQUI				TBURG.	MD 21532	UAH					

32, REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

> IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS

9b. CITY, TOWN OR LOCATION OF DEATH

CUMBERLAND

6. AGE (in yrs. last birthday)

63

YRS.

3. TIME OF DEATH

8:55 A 8. BIRTHPLACE (State or Foreign Country)

ALLEGANY

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALLIMORE, MARYLAND 21203-3146 THE PROPERTY OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a mount after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNEAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pag he within 27 burial transit permit. Pag he within 28 burial transit permit. Pag he within 28 burial transit permit. Pag he within 28 burial transit permit per	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CEF	TIFIC	ATE OF	DEATH		REG. NO.					
1. DECEDENT'S NAME (First, Middle,	MARVIN	WOODROW	SI	MMONS		2. DATE MONTH	OF DEATH	ĭ	YEAR 91	3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. lest bit		F UNDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH	T	-	PLACE (State or Foreign		
219-14-4676	1 XM 2 F			ONTHS DAYS	HOURS MIN.	(Month	Day, Year)	20	Countr	ryland		
9e. FACILITY NAME (If not institution,	give street and number)	/ 1	98	b. CITY, TOWN C	R LOCATION OF DE		12-15		NTY OF D			
Dorchester	General H	Nospital			mbridge					chester		
10e. STATE 10b. CC		1	Oc. CITY, T	OWN OR LOCAT	ION					10d. INSIDE CITY		
4	Dorchester		Cambridge							LIMITS?		
100. STREET AND NUMBER 103 Killa:	rney Road		101. ZIP CODE 21613					10g. CIT		EN OF WHAT COUNTRY? USA		
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 VDivorced	12. WAS DECEDENT FORCES? 1-4 IF YES, GIVE WA	EVER IN U.S. ARME YES 2 NO TR OR DATES	D	If yes, sp	ENDENT OF HISPAN ecity Cuben, Mexica 2 NO Specifi	n, Puerto F		or No—	Bleck	- American Indian, White, etc.		
24		War II										
15. DECEDENT'S (Specify only highest	grede completed)	(G/ve	DENT'S US kind of work NOT use n	WAL OCCUPATION And Address of the Country of the Co	on st of working	16b.	KIND OF BUS	SINESS/INE	USTRY			
Elementery/Secondery (0-12)	College (1-4 or 5+)											
11 Years		ETec	tro	nics 'I	echnic				Ship	yard		
17. FATHER'S NAME (First, Middle, Las					18. MOTHER'S NA	,,		,				
Allie Gold	dsborough	Simmons			Bur	nie 1	Mae M	eeki	ns			
19e. INFORMANT'S NAME (Type/Print)		19b. N	IAILING AD	DRESS (Street a	nd Number or Rural	Route Numb	er, Cify or Tow	n, State, Zip	Code)			
Robert J.	Simmons	3	0 St	ummit	Ave. Ch	nels	ea, M	a. (215	0		
20e. METHOD OF DISPOSITION 1 □XBuriel 2 □ Cremetion 3 □	Samoual from State	20b. PLACE OF other piece	DISPOSITI	ION (Name of cer	netery, crematory or		20c. ŁO	CATION —	City or To	wn, State		
4 Donetion 5 Other (Specify)				Veter	ans Cer	n.	Hu	rloc	k,	Maryland		
4 Donetton 5 Other (Specify) Maryland Veterans Cem. Hurlock, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												
Thomas Funeral Home 700 Locust St. Cambridge, Md. 21613												
shock, or habit failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of): Congestive Theart failure POT FAILURE Interval Betw. Onset and De 30 min.												
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated evants resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
resorting in death, Exer	d											
PART II. Other algorificant cond	ARRY TH		ulting in	tha undariyin	g causa given in	Part I.	24e. WAS AN PERFOR 1 TYES 2	RMED?	246	WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:				ACE OF DEATH (C)	neck only or	100)					
1 TYES 2 NO	1 Inpatient 2	ER/Outpatient 3 🗆		THER: Nursing Hon	e 5 🗆 Reeldence	8 🗆 Othe	r (Specify)					
27. MANNER OF DEATH	28e. DATE OF I	INJURY 2	86. TIME (OF 26c, IN.	URY AT	28d. DES	CRIBE HOW I	NJURY OC	CURED			
1 Natural 5 Pending 2 Accident Investige		,,,		M 1 🗆			-					
2 Accident 3 Suicide 6 Could n 4 Homicide determin	26e. PLACE OF building, of	INJURY — At home	, farm, atre	eet, fectory, offic		281. LOC City	ATION (Street or Town, State)	and Numbe	r or Rural	Route Number,		
29e. CERTIFIER 1 CERTIFYING	PHYSICIAN: To the best of I	my knowledge, death	occurred	at the time, date	end place, end due	to the car	use(e) end me	nner ee sta	rted.			
conductions of the	AMINER: On the besie of ex									e) end menner ee stated.		
296, SIGNATURE AND TITLE OF CER	TIFIER /	~			29c. LICENSE NU	MBER		29d. DAT	E SIGNED	(Month, Day, Year)		
Muchael a.	Modern	cz 10.			D-166	09		▶ //	/11/	91		
30. NAME AND ADDRESS OF PERSON	MARIONIC	TO PEATH (ITEM 2		rn ^B SER	2-5T. B	AMB	9,06 t	m 13	Aran	21613		
31. DATE FILED (Month, Day, Year)	32. REGISTRAL	R'S SIGNATURE	Pando P		et Ca	ambri	dge.	MD ' 2	1613			

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF		MENTAL	HYGIENI REG. NO.	E		
	1, DECEDENT'S NAME (First, Middle, La	n I. Schwab				MEDATE	of DEATH DA	r 17,	1991	5:00 A.M
1	4. SOCIAL SECURITY NUMBER 519 10 4204 90. FACILITY NAME (If not institution, gi	1 □ M 2 🔀 F	(In yrs. last birthday) 69 YRS.	IF UNDER 1 YEAR MONTHS DAYS		June	DE BIRTH Day, Year)	1922 9c, COUNTY	Country) Miss	Ouri
NO.	3215 Wood Ric	lge Avenue	98		rt Repub			Calv		
DIRECT	RESIDENCE OF DECEDENT 100. STATE 100. COU Maryland Cal			r, TOWN OR LOC						INSIDE CITY LIMITS? YES 2 1 NO
ERAL (10e. STREET AND NUMBER	9		Ī	101. ZIP CODE 20676		- 3	10g. CITIZEN		
BY FUNE	3215 Wood Rid 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 ADvorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 X NO	13. WAS D	ECENDENT OF HISPAI specify Cuban, Maxico ES 2 NO Specifi	n, Puarto F		or No- 14.	RACE — AI Black, Whil Specify[[]]	mericen Indien, te, atc. lite
ETED	15. DECEDENT'S (Specify only highest gi		ille. Do NOT u	work done during se retired.)		18b.		SINESS/INDUS		HYE
COMPL	17. FATHER'S NAME (First, Middle, Last)		manage	er	18. MOTHER'S NA	ME (First, A		Servi	Ce	
ш	Mark Boyle	es	9,00		Kate S	Stev	enson			
TO B	19a. INFORMANT'S NAME (Type/Print)				et and Number or Rural					V A V
-	Susan M. Schwa				021 Dela			y Del		
	1 Starlet 2 Cremetion 3 F 4 Donation 5 Other (Specify)	amount from State	other place)		ial gard			kirk		
	21. SIGNATURE OF FUNERAL SERVICE				AND ADDRESS OF FA	CILITY				Home
	> PKC	Laux		440	5 Broome					
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	A CONSEQUENCE O	OF): OF):	reinon	a	Col	on		
MEDICAL	PART II. Other aignificent condi	tione contributing to deeth	but not resulting	In the underly	ring cause given in	Part I.	24a. WAS AN PERFOI 1 YES 2	RMED?	COA OF I	LABLE PRIOR TO IPLETION OF CAUSE DEATH? YES 2 NO
SICIAN: MEDICAL CI	25. WAS CASE REFERRED TO MEDICA			Y	PLACE OF DEATH (C	heck only o	ne)			
SIC	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Ou	tpetlent 3 🗆 DOA	OTHER:	lome 5 Rasidenca	a 🗆 Othe	er (Specify)			
BY PHY	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigat	28a. DATE OF INJURY (Month, Day, Year)	28b. TII	JURY	INJURY AT WORK? YES 2 NO	28d. DE	SCRIBE HOW	INJURY OCCU	RED	
0	3 Suicide 8 Could not 4 Homicide determine			, street, factory, o	ffica		CATION (Street or Town, Stata	end Number or)	Rural Route	Number,
COMPLET	Check only	HYSICIAN: To the best of my kno MINER: On the basis of examinati								d menner se stated.
ш	206. SIGNATURE AND TITLE OF CERT	IFIER	0		29c, LICENSE NU	JMBER		29d. DATE S		nth, Day, Year)
TO BI	almilone	ans.	Mil)	D27	189		► [1	18	71
F	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DUSAN, M.D.			PRINCE	FRE	deric	KM	D 2	0678
	31. DATE FILED (Month, Day, Year)	Julia Davidson	Mandall					,		

ary

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 3. TIME OF DEATH 1. DECEDENT'S NAME (First Middle, Last) 2. DATE OF DEATH MITH OPM H 4. SOCIAL SECURITY NUMBER 5 SEY IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. S. BIRTHPLACE (State or Fore Country) 8-18-20 1 2 F 219-12-9412 9a EACILITY NAME (If not institution, give 9c. COUNTY OF DEATH RINCE DIRECTOR INCE 1EURGES ENTER RESIDENCE OF DEC Pages 10a. STATE 19c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Calvert Dunkirk 1 _ YES 2 X NO burial-transit permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3407 Lyons Creek Road 20754 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yes, specify Cuban, Maxican, Puarlo Rican, a(c.) 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married 1 TYES 2 NO Specify BY Specify: Black 3 Widowed 4 Divorced WW2 COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co Elamentary/Secondary (0-12) Collega (1-4 or 5+) Farmer 0-6 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) William T. Smith, Sr. ig. Gertrude Wilson BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 Dorothy W. Smith 3407 Lyons Creek Rd. Dunkirk, Maryland 20754 pe 20a. METHOD OF DISPOSITION
1 Durial 2 Cremation 3 Ramoval from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, Stata must Coopers Church Cemetery 11/22/91 Dunkirk, Md examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 1451 Dares Beach Rd. Spencer Sewell Swwell Funeral Home Prince Frederick, Md medicai 23. PART I. Enter the disease, or complications that ceuced the desth. Do not enter the mode of dying, euch as cardiec or respiretory errest, shock, or heert fellure. Liet only one cause on each line intervel Between IMMEDIATE CAUSE (Fine) Oneet end Death the diseese or condition resulting in death) on & Clylone event. DUE TO (OR AS A CONSEQUENCE OF traumatic CERTIFICATION Sequentially liet conditione, DUE TO (OR AS A CONSEDUENCE OF) If eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Diseese or Injury or other DUE TO (OR AS A CONSEDUENCE OF) that initiated evente resulting in deeth) LAST Injury, PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 24 shows any 1 YES 2 NO OF DEATH? 1 YES 2 NO t. of I has be Dept. 23 st PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) this certificate his with the State D item HOSPITAL . OTHER: 1 YES 2 NO HOSPITAL OR ATTENDING PHYSICIAN: 1 N Inpatiant 2 ER/Outpatiant 3 DOA 4 Nursing Home 5 Realdence 6 Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY 28c. INJURY AT WORK? marked, 28d, DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 Natural 1 YES 2 NO BY After 2 Accident TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR: Afte be filed within 72 hours after deal IMPORTANT: If Item 28 is m 3 Sulcida 28a. PLACE OF INJURY — At home, tarm, atreet, factory, offica building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) ED COMPLET 1/15 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) · SIDATU TAQUINDER 5 lesere son 31. DATE FILED (Month, Day, Year)
NOV 2 0 1991

32. REGISTRAR'S SIGNATURE Julia Davidson-Ra

16 16 M	HTIME		
	18		
The War Tanon		district Yes	
		The state of	

	FOR
1	STATE
	REGISTRAR

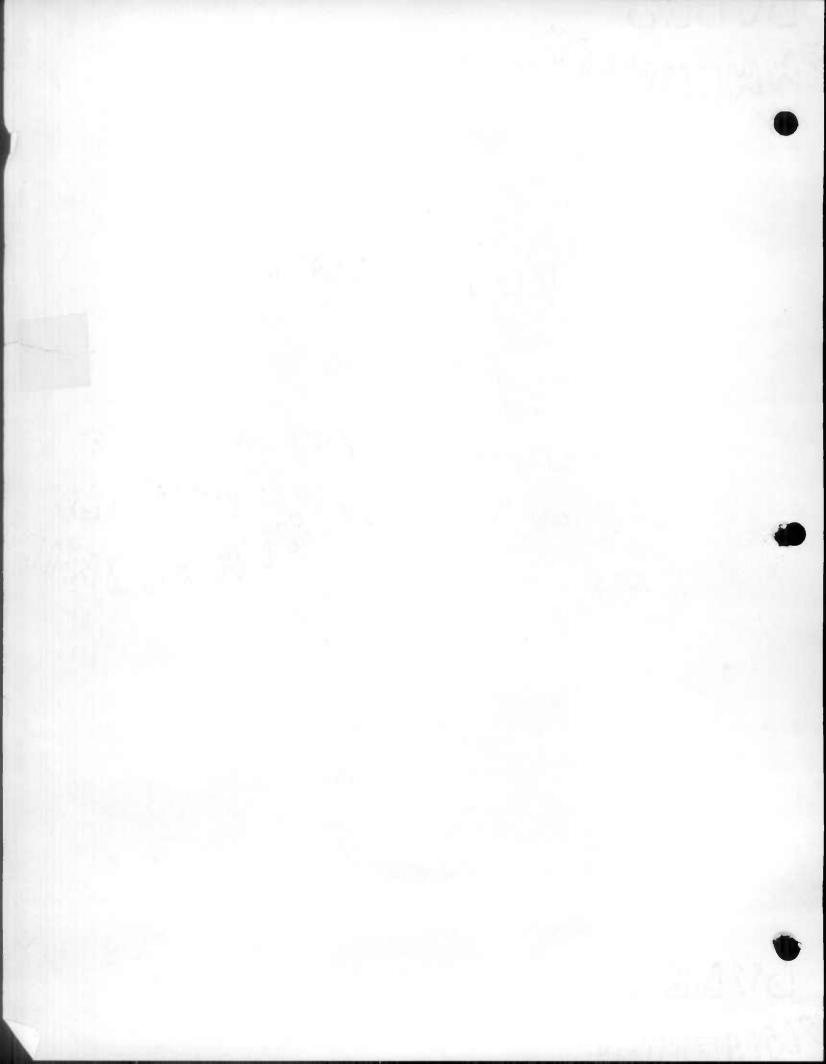
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	860	UNDER 1 YEAR	IF UNDER 24 HRS.	2. DATE OF D	21 9	YEAR	3. TIME OF DEATH
S. SEX 6. AGE	(In yrs. last birthday) IF	UNDER 1 YEAR	IF INDER 24 HDS	8		1	
1	840	UNDER 1 YEAR	IF INDER 24 HRS	T DATE OF D			
	YRS.	D 14	HOURS MIH.	7. DATE OF 8 (Month, Day	. Years	M A	RYLAND
kay Hus	PITAL	-	OR LOCATION OF D			ALTIM	ORE CITY
							INSIDE CITY LIMITS?
Ave				5	10g. Cf	TIZEN OF WI	HAT COUNTRY?
2. WAS DECEDENT EVER II FORCES? 1 YES	2 NO	If yea,	specify Cuban, Maxic	an, Puerto Rican		14-FIACE Black, Specify	American Indian, Whita, atc.
College (1-4 or 5+)	(Give kind of work	k done during i	FION nost of working	16b, KIN	D OF BUSINESS/IN	IDUSTRY	<i>Option</i>
						-	
	19b. MAILING AE	DRESS (Street					
	the same of the sa						1215
al from State	b. PLACE AND DATE O	F DISPOSITIO		DATE	20c. LOCATION -	- City or Tow	rn, Stata
ISEE	- 1 6			ACILITY			
Sep SI	A CONSEQUENCE OF): A CONSEQUENCE OF):		,	nome			14 da 1 week 2 week
contributing to deeth I	but not resulting in	the underly	ing cause given in		PERFORMED?		WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
HOSPITAL:		THER:			nec/fv)		
28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c.	NJURY AT WORK?	1		CCURED	
26a, PLACE OF INJUR building, atc. (Spe	Y — At home, farm, atre	eat, factory, of	fics			per or Rural R	oute Number,
							and manner as stated
uptermo			29c, LICENSE NI	JMBER			
MO DIVI	EATH (ITEM 27) (Type, P	rint)					HOSPITAL ALTIMORE
	AVE 2. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D TION mploted) College (1-4 or 5+) all from State point of the ceuee of only one cause on or the ceuee of only one cause on or the ceue of the c	AVE 2. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES TION 16a. DECEDENT'S US (Give kind of world life. Do NOT use in life. Do N	19b. MAILING ADDRESS (Stree 20b. PLACE AND DATE OF DISPOSITION of cometary, crematory or other place) 19b. MAILING ADDRESS (Stree 3821 HAY 19b. MAILING ADDRESS (Stree 3821 HAY 20b. PLACE AND DATE OF DISPOSITION of cemetary, crematory or other place) 19c. DO NOT use retired.) 19c. DO NOT use retired.) 19b. MAILING ADDRESS (Stree 3821 HAY 20b. PLACE AND DATE OF DISPOSITION of cemetary, crematory or other place) 19c. DO NOT use retired.) 19b. MAILING ADDRESS (Stree 3821 HAY 21c. NAME 19d. MAILING ADDRESS (Stree 3821 HAY 22c. NAME 19d. MAILING ADDRESS (Stree 19d. MAIL	196. CITY, TOWN OR LOCATION Balto. AVE 2. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES 19. MOTHER'S N. 19. MOTHER'S N. 19. MOTHER'S N. 19. MAILING ADDRESS (Street and Number or Rural 19. MOTHER'S N. 19. MAILING ADDRESS (Street and Number or Rural 19. MOTHER'S N. 19. MAILING ADDRESS (Street and Number or Rural 19. MOTHER'S N. 19. MAILING ADDRESS (Street and Number or Rural 19. MOTHER'S N. 16c. CTY, TOWN OR LOCATION Balton	190. MAILING ADDRESS (Street and Number or Rural Rouse Number City or Town, State, 2 100 110 100 1	16. CITY, TOWN OR LOCATION BOAL + O. 10, ZIP CODE 21 215 2. WAS DECEDENT EYER IN U.S. AFRIED PORCES? 1	

VOID DEATH

91-32354

James Schoolfield 10-24-90
Wie. Co. See # 90-37605



DHMH-16 Rev 1/89

	1 - STATE REGISTRAR	STATE OF M	ARYLAND / D	EPART	MENT OF	HEALTH AND	MENTA	L HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Las Mildr	•			Sulliv	ran	2. DATE MONTI			YEAR	3. TIME OF DEATH	
-	4. SOCIAL SECURITY NUMBER	1	6. AGE (In yrs. last bi		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH		91	5 - 22P PLACE (State or Foreign	161
1		1 M 2 F	71		MONTHS DAYS	HOURS MIN.	(Monti	r, Day, Year)		Country	yland	,
	9a. FACILITY NAME (If not institution, give	street and number)	/ 1		9b. CITY. TOWN	OR LOCATION OF E		, 10	9c. COUNT			_
d		ospital					, CAIII					
5	RESIDENCE OF DECEDENT				Easto	n .			Tal	bot		
DIRECTO	10a. STATE 10b. COUN			10c. CITY,	TOWN OR LOCA	TION					10d. INSIDE CITY LIMITS?	
	Maryland	Caroline	2			Dento	on				1 XYES 2 NO	
18	10e. STREET AND NUMBER				10	1. ZIP CODE			10g. CITIZE	N OF W	HAT COUNTRY?	
FUNERAL	212 Carter Ave					21	1629		U	.S.	A.	
5	11. MARITAL STATUS 1 Never Married 2 Narried	12. WAS DECEDENT FORCES? 1	EVER IN U.S. ARME YES 2 X NO	D	13. WAS DEC	CENDENT OF HISPA	ANIC ORIGIN	? (Specify Yea	or No- 14	. RACE	- American Indian, White, atc.	
BY	3 Widowed 4 Divorced	IF YES, GIVE WA				2 NO Speci		wen, etc.)		Specif	/:	
	15. DECEDENT'S ED	HICATION	ter prom	DEALTIO 11		4					casian	
COMPLETED	(Specify only highest grad	de completed)	(Give	kind of wo	SUAL OCCUPATI ork done during me retired.)	ON ost of working	16b.	KIND OF BUS	INESS/INDUS	TRY		
P	Elementary/Secondary (0-12) 11 HS grad	College (1-4 or 5+) 2 yrs.			retary		-	oard.	of E	2110	ation	
O	17. FATHER'S NAME (First, Middle, Last)	z jib.		3661	ccary	40 1407117010 11				auc	ation	
EC	Clarence E.	Beauchan	nn			10. MOTHER'S N.	amin		Ma1	one	177	
00	19a. INFORMANT'S NAME (Type/Print)	Doddellan	-	IAILING A	DDDESS /Ctmat	and Number or Rural					У	
10	J. Welton Suli	ivan				Avenue					20	
	20a. METHOD OF DISPOSITION				DISPOSITION		DATE					_
	1X Burlat 2 Cremation 3 Re	moval from Steta	cemetery, cremet	ory or othe	er placel		1		CATION CIT			
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSITE CO	1 Conce	or a	Cemet	ND ADDRESS OF F	ACILITY	3 Der	iton,	Ma	ryland	
	5 Rough	1. P/100	1-		11/00	ND ADDRESS OF F	MER.	ac How	UE, 1	A.		
	. I bounded	10/11/1-0			WRAC	UERB	De	etere.	Ma	2/	629	
ION	23. PART I. Enter the diseases or shock, or heert fellure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly liet conditione,	a. Carc	DR AS A CONSEQUE	NGE OF)	etry	anno	^ -	s Ca	Activities	ume	Approximate Intervel Betwee Oneet and De	
CERTIFICATION	If eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente	c	OR AS A CONSEQUE	ىعى	whal	herom	22	epter	ut		14V.	
R	resulting in deeth) LAST	d	Wenis	. 0	1/40	Lton					1)	
- 1	DART II Other desident and the		The state of the s		7.00	1000	2//				1	
N: MEDICAL	PART II. Other eignificent condition	ns contributing to d	leeth but not resu	ilting in	the underlyin	g ceuse given in	Part I.	24a. WAS AN A PERFORM			WERE AUTOPSY FINDING NAME BLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. Pt	ACE OF DEATH (C)	heck only one	9)				
SIC	1 YES 2 NO	HOSPITAL:	ER/Outpetlant 3 🗆		OTHER:	e 5 🗆 Raaldenca	6 Other	(Specify)				
PHYSICIAN:	27. MANNER OF BEATH	26a. DATE OF IN		Bb. TIME	OF 28c. INJ	URY AT		CRIBE HOW IN	JURY OCCUR	ED		
BY F	1 Natural 5 Pending 2 Accident Investigation	(Month, Day,	, rear)	INJUF	4.0	RK? YES 2 NO						
	3 Suicide 6 Could not be	28a. PLACE OF	INJURY - A1 homa,	ferm, atro	ee1, factory, offic		281. LOCA	TION (Street ar	nd Number or	Aural Ro	ute Number,	
TED	4 Homicide determined	building, at	ic. (Specify)				City o	Y Town, State)				
2	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of m	y knowledge, death	occurred	at the time date	and place, and due	to the seri	ra(a) and man		_		_
COMPLET	2 MEDICAL EXAMIN	ER: On the basis of axe	minetion and/or inve	atigation,	In my opinion, d	eath occured at the	Ilme, data	and place, and	dua to the c	euse(s)	and manner as stated,	
BE (200 SIGNATURE AND TITLE OF CERTAFT	R	- 1	7		29c. LICENSE NUI	MBER	, [29d. DATE SI	GNED (Month, Day, Year)	
70	West .	# Clut	Usel.)		Do-	282	4	> 3	1 1	191	
	30. NAME AND ADDRESS OF PERSON W	10 COMPLETED CAUSE	OF DEATH (ITEM 27	Type, P	rint)	508	3	DLS	WILT	> 19	38	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	SIGNATINE	114		EASI	SW	ma	MIA	ND	2160	
	NOV 12 '91	Licha	Savidson-Ro	indele	2		1					

and a large time of the automotive transfer of the first

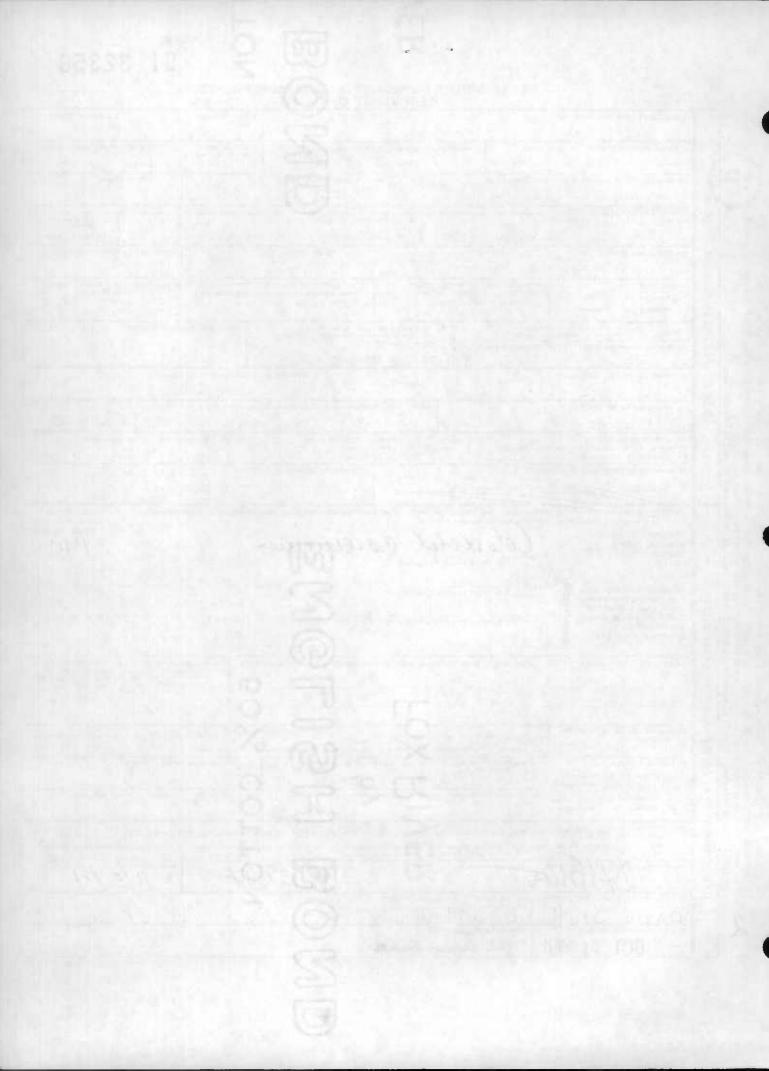
	S	3,
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages to be flied within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

2

I. DECEDERT 3 NAME (7 %	st, Middle, Last)								ATE OF DEATH	AY	VEAR	3. TIME OF DEATH
Charles H.	Scott								10-22-9		YEAR	
4. SOCIAL SECURITY NUI 215-26-53	ABER	5. SEX 1 M 2 F	6. AGE (In yrs.	lest birthday) 7 2 YRS.	IF UNDER	DAYS	IF UNDER 24 HI	S. ?. Di	TE OF BIRTH		8. BIRTI Count	hpLace (State or Foreign Maryland
90. FACILITY NAME (# not 106 Little	e Kidwe						ville	FDEATH			een	Annes
RESIDENCE OF DE	10b. COUNTY	1		10c. CIT	ry, TOWN	OR LOCAT	TION	-				10d. INSIDE CITY
Maryland	Quee	n Annes		Ce	ntre	vill	.e					LIMITS?
100. STREET AND NUMBE 106 Littl		11 Ave.					21617			10g. CIT	USA	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 (3 Widowed 4 Di		12. WAS DECEDED FORCES? 1 IF YES, GIVE V	IT EVER IN U.S. I YES 2 [MAR OR DATES			If yes, sp	ENDENT OF HI ecify Cuban, Me 2 🖾 NO S	xicen, Pue	IGIN? (Specify Ye rto Ricen, etc.)	e or No—	Blac	E - American Indian, ik, White, atc. ofty: Black
	CEDENT'S EDU			DECEDENT'S (Give kind of life, Do NOT u	work done	during mo	ON ost of working		16b. KIND OF BU	JSINESS/INI	DUSTRY	
Elementery/Secondery 8th	(0-12)	College (1-4 or 5	+)				action		Constr	cucti	on	
17. FATHER'S NAME (First,	Middle, Last)					-	16. MOTHER	NAME (F	st, Middle, Maider	Surname)		
William Sc									mory Sc			
Lillie Sco		545							Number, City or Tow . Centr			4D. 21617
20e. METHOD OF DISPOS 1 ∰ Burlel 2 ☐ Creme	tion 3 🗆 Rem	oval from State	20b, PLA of cemet	CE AND DAT	E OF DISF	POSITION	l (Name	10//	DATE 20c. LC	DCATION —	City or To	own, State
4 Donetion 5 Oth			(' '	octor	fiol		motowsz	1111/	6/9H Ca	פאדודב		
21. SIGNATURE OF FUNE		CENSEE	_ Ch	néster					Bennie			
23. PART 1 Emer the shock, or IMMEDIATE CAUSE (I	diseasea, or haart fallure.	complications the	at caused the	death. Do	P not antai	. O .	Box 92	B, Hi	Bennie irlock,	Smit MD.	h Se 2164	Approximata interval Between
23. PART L Emer the shock, or IMMEDIATE CAUSE (I disease or condition resulting in death) Sequentially list conditions, leading to immediate the shock of the sh	disease, or heart failure.	complications the List only one can be applied to the can be a can	at caused the	death. Do lina.	P not antal	. O .	Box 92	B, Hi	Bennie irlock,	Smit MD.	h Se 2164	Approximata interval Between
23. PART 1 Emer the shock, or IMMEDIATE CAUSE (I disease or condition resulting in death) Sequentially list cond	disease, or cheart failure.	DUE TO	at caused the use on each I	death. Do	P OF):	. O .	Box 92	B, Hi	Bennie irlock,	Smit MD.	h Se 2164	Approximata interval Between
23. PART L Emer the shock, or IMMEDIATE CAUSE (I disease or condition reaulting in death) Sequentially list conditions, light and in the cause. Enter UNDERICAUSE (Disease or in that infiliated events	diseases, or cheart failure.	DUE TO	of or as a con	death. Do	P P P P P P P P P P P P P P P P P P P	r the mo	Box 92 da of dying,	F FACILITY 8, Hi	Bennie urlock, cardiac or reap	Smit MD. Diratory ar	h Se 2164 rest,	rvices 3
23. PART L Enter the shock, or IMMEDIATE CAUSE (I disease or condition resulting in death) Sequentially list condit any, leading to immeause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) L	diseases, or heart failure. Final distance in the second	DUE TO	of or as a con	death. Do	P P P P P P P P P P P P P P P P P P P	nAME A	Box 92 and and dying, but the second of th	F FACILITY B, H1 Buch es	Bennie urlock, cardiac or reap . 1. 240. WASA PERFO 1 TYES	Smit MD. Diratory ar	h Se 2164 rest,	Approximate interval Betwee Onset and Da Ons
23. PART L Emer the shock, or IMMEDIATE CAUSE (I disease or condition resulting in death) Sequentially list condition, list and list and list condition cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) List	diseases, or heart failure. Final distance in the second	DUE TO	of Cor As A CON	death. Do lina. (ISEOUENCE CONSEQUENCE CO	P P P P P P P P P P P P P P P P P P P	nAME AI	BOX 92 Ida of dying, LLOUL	B, Hi	Bennie arlock, cardiac or reap . 1. 24e. WAS Al PERFO 1 □ YES	Smit MD. Diratory ar	h Se 2164 rest,	Approximate interval Betwoonset and De Onset and De
23. PART L Enter the shock, or IMMEDIATE CAUSE (I disease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) PART II. Other aignification of the condition of the con	diseases, or cheart failure. Final distance dis	DUE TO of Correction of	death. Do	P P P P P P P P P P P P P P P P P P P	name Al	Box 92 and and dying, but the second of th	I (Check or	Bennie arlock, cardiac or reap . 1. 24e. WAS Al PERFO 1 □ YES	Smit MD. Diratory ar	h Se 2164	Approximate interval Betwoonset and De Onset and De	
23. PART J. Emer the shock, or IMMEDIATE CAUSE (I disease or condition reaulting in death) Sequentially list condition reaulting in death) Sequentially list condition reaulting in death) Sequentially list condition reaulting in death) List in list of the sequential reaulting in death) PART II. Other aignifications of the sequential reaulting in death) 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5	diseases, or heart failure. Final Hitions, hediata ying sijury ast cant condition	DUE TO B. DUE TO B. DUE TO B. DUE TO C.	of Control	death. Do lina. ISEOUENCE C	22. P not antal OF): OF): OF): OF): M OTHE 4 Nu ME OF JURY M	r tha mo	DADRESS OF BOX 92 odd of dying, which was a second of dying and dying at the second of dying at	I (Check or	Bennie irlock, cardiac or reap . 1. 24e. WAS Al PERFO 1 □ YES Other (Specify)	Smit MD. Diratory are NAUTOPSY PRMED? 2 NO	h Se 2164 Test,	Approximata interval Betwoonset and Da Onset and Da
23. PART L Enter the shock, or IMMEDIATE CAUSE (I disease or condition reauting in death) Sequentially list condition from the second	diseases, or heart feliure. Intions, hediata ying sijury as T Could not be determined	DUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpatient 2 28e. DATE O (Month, 28e. PLACE building	of Injury — Ai of my knowledge	death. Do lina. ISEOUENCE C	P 22. P P P P P P P P P P P P P P P P P P P	name Al	BOX 92 oda of dying, LACE OF DEATI THE 5 Reside JURY AT ORK? YES 2 No	In Part (Check or 28d.)	Bennie Irlock, cardiac or reap . I. 24e. WAS AI PERFO 1 YES Other (Specify) DESCRIBE HOW LOCATION (Street City or fown, State	Smit MD. Diratory ar N AUTOPSY PRMED? 2 NO INJURY OC I end Number enner as st.	h Se 2164 reat, 244 ccured or or Rural	Approximata interval Betwoonset and Da Complete Notes to Complete

Julia Davids

DHMH-18 Rev 1/89



BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a refour after death refusion or attending physician.

TO THE PLINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR		CE		CATE OF).		
DECEDENT'S NAME (First, Middle, Last)						2. DATE	OF DEATH	AY	YEAR	3. TIME OF DEATH
GREGORY BERNA	ARD SM	ИТТН				11	9		991	7:30PM
		. AGE (In yrs. les	l birthday)	IF UNDER 1 YEAR	HOURS MIN.		OF BIRTH		8. BIRTI Count	IPLACE (State or Foreigny)
100 00 00 0	1 X M 2 - F	78	YRS.	-		11	11	12	New	York
FACILITY NAME (If not institution, give stre				9b. CITY, TOWN	OR LOCATION OF E	EATH		9c. COL	JNTY OF D	DEATH
107 Goldsborou	ıgh Stre	eet		East	ton			1	Talk	oot
DR. STATE 10b. COUNTY			10c. CITY	r, TOWN OR LOC	ATION					10d. INSIDE CITY
Maryland Talbo	ot.		Ea	ston						LIMITS?
De. STREET AND NUMBER			1 20		01. ZIP CODE			10g. CIT	IZEN OF	WHAT COUNTRY?
107 Goldsboroud	rh				21601			III	SA	
	12. WAS DECEDENT E				CENDENT OF HISPA				14. RAC	E — American Indian,
☐ Nover Married 2 ☐ Married	FORCES? 1 T	YES 2 1	40		S 2 NO Spec		Rican, etc.)		Spec	k, White, etc.
Wildowed 4 Pivorced	Army-W	WII			Х					White
15. DECEDENT'S EDUCA (Specify only highest grade of	TION ompleted)	(G	live kind of w	USUAL OCCUPAT	TION nost of working	16b	KIND OF BU	ISINESS/IN	DUSTRY	
Elementery/Secondery (0-12)	College (1-4 or 5+)		. Do NOT use							
12	4	P	nıla	nthro	T					
T. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N					
	nith				Mary					
A. INFORMANT'S NAME (Type/Print)					and Number or Rura					
Hugh M. Smith										ton, MD
De. METHOD OF DISPOSITION Burial 2 Cremation 3 Remove Donation 5 Other (Specify)	rel from State	other pl	OF DISPOS		emetery, crematory or			OCATION -	- City or To	own, Slate
. SIGNATURE OF FUNERAL SERVICE LICE		Gate	of_	Heaver	AND ADDRESS OF F	ACILITY	3 1	lew :	York	, NY
. SIGNATURE OF FUNERAL SERVICE LICE	NOLL				nam Fun			2		
JOHN R.	MER	CERO	1							
3. PART I. Enter the disesses, Dr CD		-	2	200	S. Har	riso	n St.	E	asto	n. MD 2
		aused the de	ath. Do n							Approximete
shock, or heert fellure. Li	ist only one cause	caused the de on each line	ath. Do n	not snter the m	nods of dying, su	ch ss csr	diac or resp	piratory s	rrest,	
shock, or heert feliure. Li MMEDIATE CAUSE (Finsi disesse or condition	ist only one cause	caused the de on each line	ath. Do n	not snter the m	nods of dying, su	ch ss csr	diac or resp	piratory s	rrest,	Approximete Interval Bets
shock, or heert feliure. Li MMEDIATE CAUSE (Finsi disesse or condition	ist only one cause. Avtev	caused the de on each line	eath. Do n	hic Ce		ch ss csr	diac or resp	piratory s	rrest,	Approximete Interval Bets
shock, or heert feliure. Li MMEDIATE CAUSE (Final disease Dr condition esuiting in death)	BUE TO (O	caused the decomposition on each line	eath. Do n	he Ca	nods of dying, su	ch ss csr	diac or resp	piratory s	rrest,	Approximete Interval Bets
shock, or heert feliure. Li MMEDIATE CAUSE (Finsi disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	BUE TO (O	caused the deep on each line	eath. Do n	he Ca	nods of dying, su	ch ss csr	diac or resp	piratory s	rrest,	Approximete Interval Bets
shock, or heert feliure. Li MMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, f any, leeding to immediate ause. Enter UNDERLYING AUSE (Disease or Injury	DUE TO (O	on each line	OUENCE OF	he Ce	nods of dying, su	ch ss csr	diac or resp	piratory s	rrest,	Approximete Interval Bets
shock, or heert feliure. Li MMEDIATE CAUSE (Finsi Ilsesse or condition esulting in death) Sequentielly list conditions, i sny, leeding to immediate ause. Enter UNDERLYING AUSE (Disease or Injury hat initiated events	DUE TO (O	caused the decomposition on each line	OUENCE OF	he Ce	nods of dying, su	ch ss csr	diac or resp	piratory s	rrest,	Approximete Interval Bets
shock, or heert feliure. Li MMEDIATE CAUSE (Finsi Ilsesse or condition esulting in death) Sequentielly list conditions, i sny, leeding to immediate ause. Enter UNDERLYING AUSE (Disease or Injury hat initiated events	DUE TO (O	on each line	OUENCE OF	he Ce	nods of dying, su	ch ss csr	diac or resp	piratory s	rrest,	Approximete Interval Bets
shock, or heert feliure. Li MMEDIATE CAUSE (Finsi ilsesse or condition esuiting in death) sequentially list conditions, i sny, leeding to immediate ause. Entsr UNDERLYING AUSE (Disesse or Injury hat initiated events esuiting in death) LAST	DUE TO (O	PR AS A CONSE	sath, DD no.	he Cen	rdie Va	sculo	24a. WAS A	NAUTOPS)	rrest,	Approximate Interval Bett Onset and E
shock, or heert fellure. Li MMEDIATE CAUSE (Finsi ilsesse or condition esuiting in death) sequentielly list conditions, sny, leeding to immediate ause. Entsr UNDERLYING AUSE (Disease or Injury nat initiated events esuiting in death) LAST ART II. Other significant conditions	DUE TO (O	PR AS A CONSE	sath, DD no.	he Cen	rdie Va	sculo	24a. WAS A	N AUTOPSYRMED?	rrest,	Approximate Interval Bett Onset and E Upcar
shock, or heert fellure. Li MEDIATE CAUSE (Finsi isesse Dr. condition sesuiting in death) equentielly list conditions, sny, leeding to immediate ause. Enter UNDERLYING AUSE (Disease or Injury nat Initiated events sesuiting in death) LAST ART II. Other significant conditions	DUE TO (O	PR AS A CONSE	sath, DD no.	he Cen	rdie Va	sculo	24a. WAS A: PERFC	N AUTOPSYRMED?	rrest,	Approximate Interval Bett Onset and E
shock, or heert fellure. Li MMEDIATE CAUSE (Finsi ilisesse or condition esulting in death) sequentielly list conditions, sny, leeding to immediate ause. Enter UNDERLYING AUSE (Disease or Injury hat initiated events esulting in death) LAST	DUE TO (O	PR AS A CONSE	sath, DD no.	he Cen	rdie Va	sculo	24a. WAS A: PERFC	N AUTOPSYRMED?	rrest,	Approximate Interval Bett Onset and E Upcar Onse
shock, or heert fellure. Li MMEDIATE CAUSE (Final issesse or condition securiting in death) s. sequentielly list conditions, sny, leeding to immediate ause. Enter UNDERLYING AUSE (Disease or Injury hat initiated events securiting in death) LAST ART II. Other significant conditions CAUSE (PAC) S. WAS CASE REFERRED TO MEDICAL	DUE TO (O	PR AS A CONSE	sath, DD no.	he Centrick of the manner of t	rdie Va	n Pert I.	24a. WAS A PERFC	N AUTOPSYRMED?	rrest,	Approximate Interval Bett Onset and E Upcar Onse
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FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

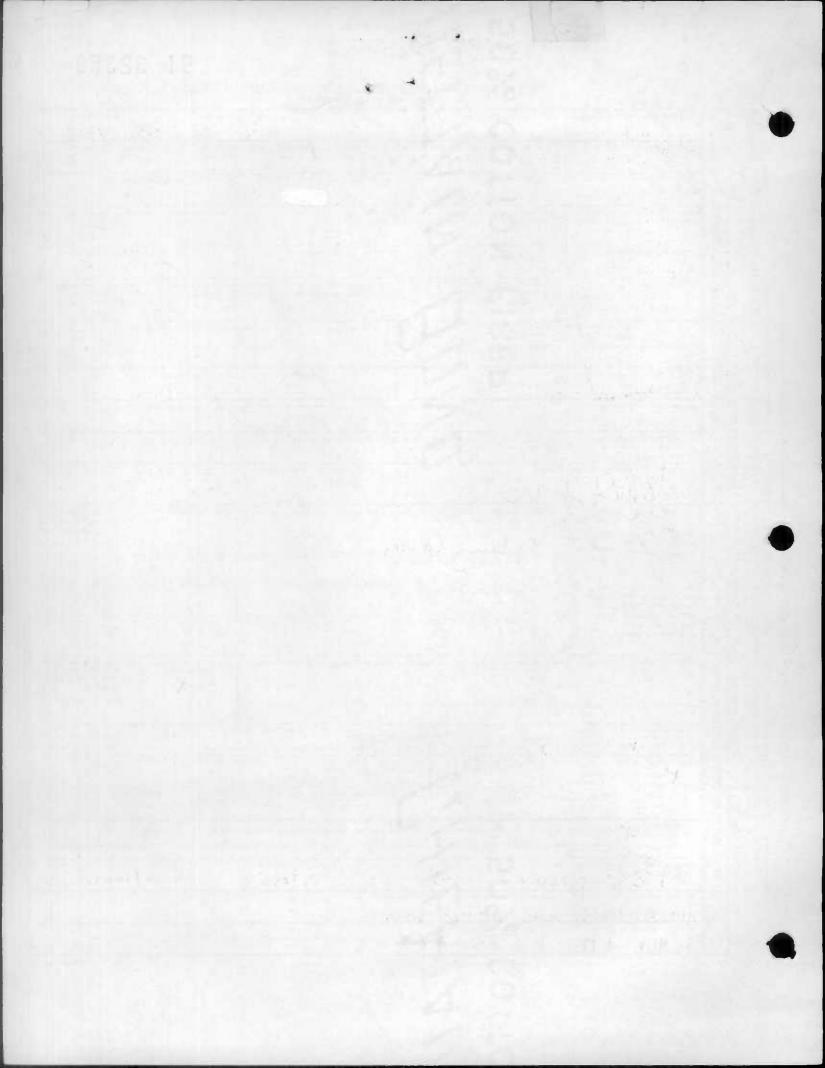
REGISTRAR		CE		IONIL				REG. NO			
1. OECEOENT'S NAME (First, Middle, La	st)							OF DEATH	DAY	VEAD	3. TIME OF DEATH
LEWIS E STANLEY							TO_			1991	2:50A
4. SOCIAL SECURITY NUMBER 215-26-4742	5. SEX	6. AGE (In yrs. last I	birthday) YRS.	IF UNDER 1	DAYS	IF UNDER 24 HRS. HOURS MIN.	(Monti	of BIRTH h, Day, Year) 30/12		Count	IPLACE (State or Foreigny) Yland
9e. FACILITY NAME (If not institution, gi	ve street end number)	13		9b. CITY,	TOWN C	OR LOCATION OF D		70/12	9c. CO	UNTY OF C	
Perry Point Vet	eran's Hos	pital		Pe	erry	/ville				Cecil	
10e. STATE 10b. COU				Y, TOWN OF							10d. INSIDE CITY LIMITS?
100. STREET AND NUMBER	orchester		C	Cambr		. ZIP CODE			100 CI	TIZEN OF I	HAT COUNTRY?
734 Rosemont A						21613				USA	
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced		TEVER IN U.S. ARM YES 2 NO WAR OR OATES		H H	yee, sp	ecity Cuben, Mexic 2 NO Speci	an, Puarto		e or No—	Blec	E — American Indien, k, Whita, atc. billy: Black
15. DECEDENT'S 6 (Specify only highest gi	ade completed)	(Give	e kind of v	USUAL OC work done di se retired.)	CUPATIO	ON ost of working	16b	. KIND OF BU	JSINESS/II	NOUSTRY	
Secondary Secondary	Collega (1-4 or 5	+)	Far					Far	ming	23.0	
17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S N.					
William S. Sta	anley					Min	nie M	olock	Star	nley	1
19e. INFORMANT'S NAME (Type/Print)						and Number or Rural				Zip Code)	
Hilton Stanley						Hurlock					
20a. METHOD OF DISPOSITION 1 [XBurlel 2 Cremation 3 F 4 Conation 5 Other (Specify)	emoval from State	other piec	la.			metery, cremetory or netery				MD.	own, Stata
21. BIGHABURE OF PUNERAL BERVICE	LICENSEE					ND ADDRESS OF F					
23. PART I) Enter the disease, shock, or heart fellu iMMEDIATE CAUSE (Finel disease or condition	or complications that re. List only one cau	it coused the deer use on each line.	th. Do r			BOX 928					Approximate interval Betw Oneat and D.
shock, or heart fellu IMMEDIATE CAUSE (Finel	e DUE TO	(OR AS A CONSEOU	UENCE O	not enter i							Approximate interval Betw
iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	e	(OR AS A CONSECU-	UENCE OF	not enter	the mo	ode of dylng, su	ch es car	diac or reep	N AUTOPS'S	prest,	Approximate interval Betw
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a few after death. Page 6 may be retained by the hospital or attending physician.

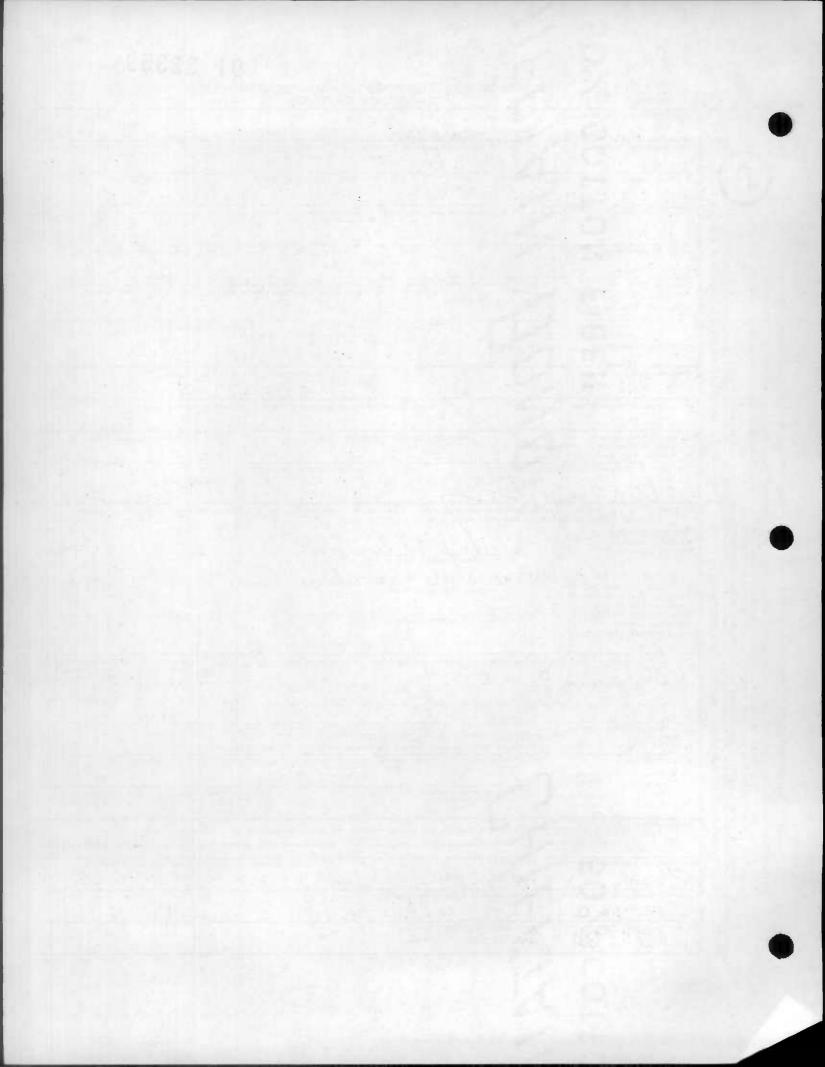
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146



	Last)					2. DATE O		V	YEAR	3. TIME OF DEATH
GRAHAI	m t.	SEA	MEI	e		11	06	- /	11	1945
4. SOCIAL SECURITY NUMBER 179-24-5575	5. SEX	8. AGE (In yrs. las	st birthday) YRS.	MONTHS DAY			Day, Year)		Countr	PLACE (State or Foreign y) TH CAROLIN
9a. FACILITY NAME (If not institution,	give street and number)			9b. CITY, TOW	N OR LOCATION OF D			9c. COUN	NTY OF D	
WATERVIEW NURS				SALI	SBURY			WI	COMI	СО
10a. STATE 10b. CC				LISBUR						10d. INSIDE CITY LIMITS? 1 X YES 2 NO
10e. STREET AND NUMBER	110011100		1 01	ILIUDUK	101. ZIP CODE			10g. CITI	ZEN OF W	WHAT COUNTRY?
723 HAMMOND ST					21801				U.S.	Α.
11. MARITAL STATUS 1 Naver Married 2 Married 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. YER I YES 2 (X)I MAR OR DATES	RMED NO	If yes,	PECENDENT OF HISPAI specify Cuben, Mexico (ES 2 X NO Specifi	an, Puarto R		or No—	Speci	- American Indian, k, White, atc. fy: HITE
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)	college (1-4 or 5 6 Years	+) (G	ive kind of Do NOT u	work done during se retired.)	most of working		KIND OF BUS		USTRY	
17. FATHER'S NAME (First, Middle, Less JONAS L. SENTE					18. MOTHER'S NA		SHELTO			
19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (Stre	et and Number or Rural				Code)	
LELIA SENTER			723 E	HAMMOND	ST. SALIS	SBURY	, MD	2180	1	
20a. METHOD OF DISPOSITION 14 Burial 2 Cremation 3 4 Donation 5 Other (Specify)		other pi	lace)	SITION (Name of VAMP CE)	Cemetery, cremetory or METERY	11-9	170	CATION —		wn, Stata RTH CAROL I
21. SIGNATURE/OF FUNERAL SERVI	CE LICENSEE			22. NAME	AND ADDRESS OF FA	UNERA		E		
iMMEDIATE CAUSE (Final disease or condition										Onset and Dec
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Carel DUE TO	O (OR AS A CONSE	OUENCE O		rosis					Onset and Doe
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PART II. Other aignificant conditions to limit and limit	b. DUE TO c. DUE TO d. DUE TO	OF INJURY — At he, atc. (Specify)	OUENCE O OUENCE O reaulting 3 □ DOA 28b. Tiff	28 OTHER: 4 Mursing H AE OF 28c. JURY M 1 [street, factory, o	/Ing cause given in PLACE OF DEATH (C) Iome 5 Residence INJURY AT WORK? YES 2 NO ffice Ista and piece, and du	8 Other 28d. DESt 28f. LOCA City o	PERFOR 1 YES 2 (Specify) CRIBE HOW II ATION (Street a or Town, State)	NJURY OCC	or Aural I	ROWS WERE AUTOPSY FINDING AMILIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, par		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be
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fille	llon,	the
pletely	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ent,
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

REGISTRAR 1. OECEDENT'S NAME (First, Middle, L	est)	OLIVII.	HOATE	OF DEATH	2. OATE	REG. NO		1	3. TIME OF OEATH
GARY	TODD		SC	HOFIELD	MONTI 1 1			YEAR O 1	8:42 p
4. SOCIAL SECURITY NUMBER		8. AGE (In yrs. last birthde				OF BIRTH		8. BIRTH	PLACE (State or Foreign
218-90-5384	1 M 2 F	2.1 YRS	MONTHS	DAYS HOURS MIN.		2-70		Country	York
9e. FACILITY NAME (If not institution,	give street end number)		9b. CITY,	TOWN OR LOCATION OF D		2-10	9c. COUNT		
PENINSULA GI	r	SPITAL	SA	LISBURY			WIC	OMI	СО
10e. STATE 10b. CO	COMICO	10c.	CITY, TOWN O						10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	COMICO		SALIS	SBURY 101. ZIP CODE			L 40 - OUT 171	511.05.11	1 YES 2 NO
618 DECATUR AV	T.								HAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARMED	13. V	2 180 1 WAS DECENOENT OF HISPA	NIC ORIGIN	? (Specify Yes		I.S.	A . — American Indian.
1 Never Married 2 Merried 3 Widowed 4 Olvorced	FORCES? 1 [IF YES, GIVE WA	YES 2 NO	H	yee, specify Cuben, Mexic YES 2 NO Spec	an, Puarto I	Ricen, atc.)	TOT NO	Specif	, White, etc.
15. OECEDENT'S (Specify only highest of	EDUCATION (rede completed)	18e. DECEOEN	T'S USUAL OC	CUPATION luring most of working	16b.	KIND OF BUS	SINESS/INOU		111
Elamentary/Secondary (0-12)	College (1-4 or 5+)	Ide Do MO	use retired.)	uning most or working					
10 Years		MANA	GER			FOOD S	ERVIC	E	
17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S N	AME (First, A	fiddle, Maiden	Surname)		
	HOFIELD			MARGARI					
19a. INFORMANT'S NAME (Type/Print)				(Street end Number or Rural				Code)	
MARGARET H. CO	FFEY	618	DECAT	TUR AVE. SA	ALISB	URY, M	ID 21	801	
20a METHOO OF DISPOSITION 1 XBurlel 2 Cremation 3 1	Removal from State	20b. PLACE AND DA' cometery, crematory of	or other place)		OATE	20c. LO	CATION — CI	ty or To	vn, State
4 ☐ Donetion 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	FLICENSEE	I WICOMIC		ORIAL PARK	11-	9 SAL	ISBUR	Y, 1	MARYLAND
	The state of the s			NAME AND ADDRESS OF F					
b /1. ////	///			IOLLOWAY FUI		HOME			
23. PART I. Enter the diseases, shock, or heart fells immediate CAUSE (Final disease or condition resulting in death)	s. UUX	csusse the death. De on each line.	50 not enter t	HOLLOWAY FUI OI SNOW HILI	NERAL L RD	SALIS	BURY,		2 180 1 Approximets Interval Batweel Onset and Dest
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentisty list conditions, if sny, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated syents	S. UUUT OUE TO (C	on esch lins.	o not enter to	HOLLOWAY FUI OI SNOW HILI	NERAL L RD	SALIS			Approximets Interval Between
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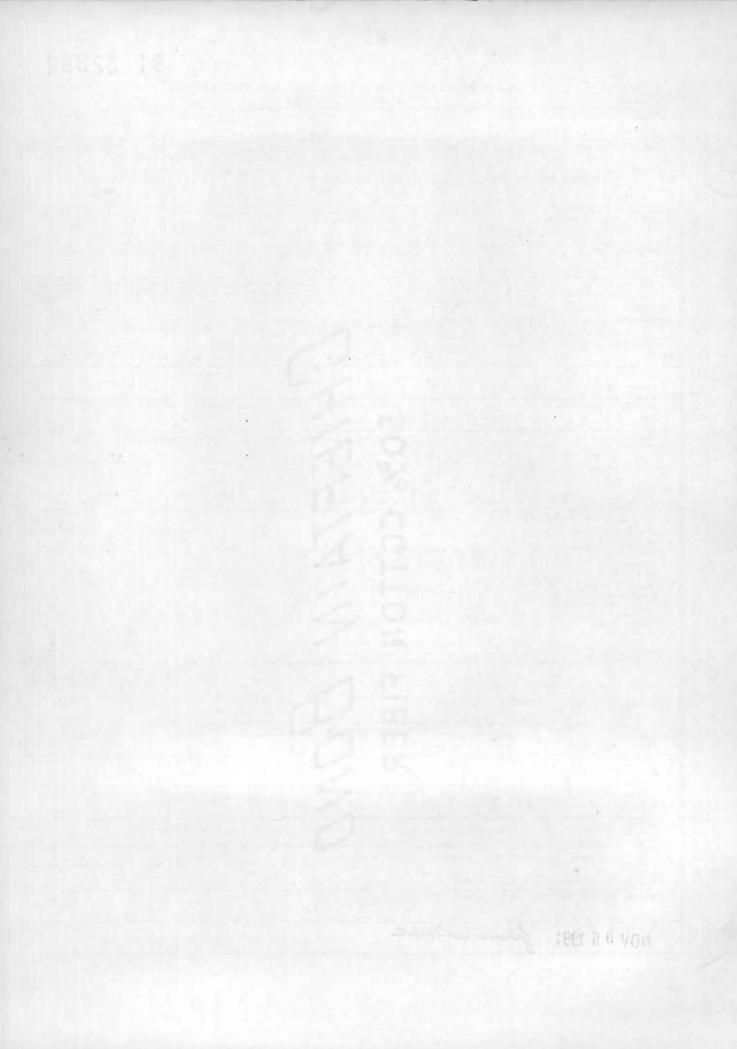
must examiner medicai the event. Iraumatic other 10 any injury, Shows e Dept. of H this certificate h 0 marked, After 1 death 69 DIRECTOR: A 28 tem FUNERAL I = IMPORTANT: 표를 되는 H

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH inlet 4:25 PM 10 29 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS MONTHS HOURS 218-20-7768 APRIL 1914 Stilpond, 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF OEATH 9c. COUNTY OF DEATH WESLEYAN HEALTH CARE CENTER DENTON CAROLINE DIRECTO RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10b, COUNTY 10a. STATE 10d. INSIDE CITY LIMITS? MD. CAROLINE WHARTON. 1 YES 2 NO 10g, CITIZEN OF WHAT COUNTRY? FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE RTE. 2, BOX 180 21678 USA WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuben, Maxican, Puarto Rican, etc.)
 I YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11 MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 1 Never Merried 2 Married Specify: BY 3 Widowed 4 Divorced BLACK COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION pecify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Spe Elementary/Secondary (0-12) 7th College (1-4 or 5+) HOUSEKEEPER DOMESTIC 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) VERNON HACKETT ROSIE SIMMONS BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ELIZABETH HACKETT ADDRESS SAME AS ABOVE MD. 20a, METHOD OF DISPOSITION
1 A Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION — City or Town, State DATE FOUNTAIN UM CHURCH CEM. 11-2 BIGWOOD RD., WHARTON ☐ Donation 5 ☐ Other (Specify) 4 Donation 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 23. PART I. Enter the diseases, or complications that caused the Do not enter the mode Approximata of dyling, such as cardiac or respiratory shock, or haart fallure. List only one cause Interval Between IMMEDIATE CAUSE (Final Onsat and Death disease or condition 2 W5 reaulting in death) OUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events OUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 TES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Homa 5 ☐ Realdanca 8 ☐ Other (Specify) 27, MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 Natural 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, 3 Sulcide 8 Could not be COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data end place, end due to the ceuse(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) mo PO BOX 1496 2. REGISTRAR'S SIGNATURE

100 S 100 S

FOR	
1 - STATE REGISTRA	R

1. DECEDENT'S NAME (First, Middle, Last)		CERTIF	ICATE OF	DEATH	REG. NO 2. DATE OF DEATH MONTH		3. TIME OF GEATH	
GEORGE W. STEPHE	NS				11- 4-	1991	12:45 P.	
4. SOCIAL SECURITY NUMBER 214-10-8186	5. SEX 8. AG	E (In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 4-6-190	(BIRTHPLACE (State or Foreign Country) De .	
90. FACILITY NAME (If not institution, give 309 E. Chestnut				on Location of D	EATH	9c. COUNTY Wic	OF DEATH	
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	Υ	10c. CITY, TOWN OR LOCATION					10d. INSIDE CITY	
Md. Wicom	ico	Delmar					1 X YES 2 NO	
309 E. Chestnut	St.		'	21875		USA	OF WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE YES, GIVE WAR OR	S 2X NO	If yee, a	CENDENT OF HISPA pecify Cuben, Mexico S 2 ANO Specif	NIC ORIGIN? (Specify Young Puerlo Rican, atc.) fy:		RACE — American Indian, Black, White, etc. Specify: White	
15. OECEDENT'S EDI (Specify only highest grad Elementery/Secondery (0-12)	College (1-4 or 5+)	16e. DECEDENT'S (Give kind of life. Do NOT u		ION post of working		DEINESS/INDUST	Salisbury, Mc	
17. FATHER'S NAME (First, Middle, Last)		orcare	ilanage:	18. MOTHER'S NA	AME (First, Middle, Maide		Jarrobary, Inc	
Walter Benjamin	Stephens				Gordy Ster			
190. INFORMANT'S NAME (Type/Print) Esther C. Stephe	ns				Route Number, City or To elmar, Md.		de)	
20a METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Ren 4 Danetion 5 Other (Specify)	1 2	ob. PLACE OF DISPO	SITION (Name of c	emelany cometony or	200 1	ocation - cny		
21. SIGNATURE OF FUNERAL SERVICE L	M. H	LOA	Short P.O.	Funeral Box 204	Home, Inc Delmar, De	. 19940		
shock, or heart feilura. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	bDUE TO (OR AS	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF):					Interval Betwee Onset and Dea	
PART II. Other eignificant condition	ne contributing to deeth	but not resulting	in the underlyi	ng cauea given in		N AUTOPSY DRMED? 2 NO	24b. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE OF DEATH (C	heck only one)			
1 TYES 2 NO	HOSPITAL:				8 Other (Specify)			
27. MANNER OF DEATH 1 Neturel 5 Pending 2 Accident Investigation	28e. DATE OF INJUR (Month, Day, Year	Y 28b. Til	JURY V	YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCUR	ED	
3 Suicide 8 Could not be determined	IRY — At home, farm, street, factory, office pocify)			28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
one)				death occured at the	e time, data and place, i	and due to the ca	suse(e) and manner as stated.	
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF	M.D. DEATH (ITEM 27) (Type	e, Print)	D15857	7	 > ///	6/9/	
JOHN A. ROUT! 31. OATE FILED (MONTH, Day, Your) NOV 0 6 1991	ENBERG, M.	D., 205	S. DI	VISION S	ST., SAL	ISBURY	MD 21801	



	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		C	ERIIF	ICATE	OF DEAT	IH	REG. NO).		
		ETTA KE	LLY			SMITH		2. DATE OF DEATH	MY	YEAR 1991	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 217-28-4442	5. SEX	6. AGE (In yrs. Ia. 58	st birthday) YRS.	IF UNDER	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.		7. DATE OF BIRTH			PLACE (State or Foreign Md .
TOR	9a. FACILITY NAME (If not institution, give PENINSULA GE RESIDENCE OF DECEMENT	PITAL	96. CITY, TOWN OR LOCATION OF DEATH SALISBURY					9c. COUNTY OF DEATH WICOMICO			
- DIRECTOR	MD 106. COUNT	0	10c, CIT	Y, TOWN O	SALIS	BUR	BURY			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER RT 5 BOX 691					101. ZIP CODI 2180				U.S.	A .
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 42 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 3	NO	- 11	WAS DECENDENT OF YES, specify Cube	n, Maxicar	IC ORIGIN? (Specify Year, Puerto Ricen, etc.)	e or No—	14, RACE Black, Specify	- American Indian, White, atc.
COMPLETED	15. DECEDENT'S EDI (Specify only highest gradi Elementery/Secondery (0-12) 1 2	College (1-4 or 5+)	(G life	CEDENT'S ive kind of v Do NOT us AX S	vork done d e retired.)	uring most of working	og	166. KIND OF BU			FICE
	17. FATHER'S NAME (First, Middle, Last) R. LEE KELLY			CCOU	MTAN	18. MOT		ME (First, Middle, Maiden MESSICK			
TO BE	19e. INFORMANT'S NAME (Type/Print) REBECCA S. E	ENJAMIN	19 R	b. MAILING	ADDRESS BOX	(Street and Number	or Rural R	loute Number, City or Tow	n. State. Zic	Code) 1801	
	REBECCA S. BENJAMIN RT 3 BOX 691, SALIS URY, MD 21801 20e. METHOD OF DISPOSITION 10. Burlet 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of Cample of Camp										
	In SIGNATURE OF TIMERAL SURVICE LA	7. ks	M00-4		22. N	MESSICE	S OF FAC	ILITY	ME.		. BOX 61
	23. PART I. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a	caused the dee on each line Emply OR AS & CONSE	rem	ot enter	the mode of dyl	ng, such	as cardiac or resp	iratory ari	reat,	Approximate interval Between Onset and Death
ERITICATION	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	C	OR AS A CONSEC								40
EH	DART II Other design	a contributing to d	leath but not r	esulting I	n the unc	lerlying cause g	iven in i	PERFOR	RMED?		WERE AUTOPSY FINDINGS NAVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
5	PART II. Other algorificant condition	nonele						1 TES 2	-0		□ VES 2 □ NO
MEDICAL C						28. PLACE OF DE	EATH (Chec				YES 2 NO
MEDICAL C	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:				ng Home 5 🗆 Re		ck only one) Other (Specify)			YES 2 NO
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L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Jurs	, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in b	hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or rec	Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medi
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IMPORTANT:

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PHYSICIAN: MEDICAL

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32. REGISTRAR'S SIGNATURE

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STATE REGISTRAR 1 -1. OECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH STEWART 1991 JOHN CHARLES OCTOBER 8. BIRTHPLACE (State or Forei 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH MONTHS DAYS HOURS 1 X M 2 | F 578-22-4364 68 YRS. SEPT 1923 PENN 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 140 w. AT HOME. CECILTON MAIN CECIL RESIDENCE OF DECEDENT 10a, STATE 10d. INSIDE CITY LIMITS? 10b. COUNTY 18c. CITY, TOWN OR LOCATION MARYLAND CECIL CECILTON 1 X YES 2 NO 10a. STREET AND NUMBER 10f. ZIP COOE 109. CITIZEN OF WHAT COUNTRY? 140 W. MAIN ST 21913 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yea, specify Cuban, Maxican, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married
3 Wildowed 4 Divorced FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES Specify: WHITE 1 YES 2 NO Specify: 967 1941 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elamentary/Secondary (0-12) College (1-4 or 5+) 11 SECURITY GUARD SECURITY 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) JOHN ROBERT STEWART ELIZABETH ALICE DUTTERY 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) JOYCE_ ARETTA STEWART 140 MAIN ST. CECILTON 21913 MD 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State 1 Duriel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) CAPITAL CREMATORY DEL DOVER 21. SIGNATURE OF FUMERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY FELLOWS FUNERAL HOME 21913 Jany ellows 226 E MAIN ST CECILTON 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate interval Between shock, or heart failure. List only one cause on each line. Onset and Death IMMEDIATE CAUSE (Final disease or condition OL reaulting in death) DUE TO JOH AS ALCON Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING en Cancar Ce CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 001 1 TYES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 🗆 Rasidenca S 🗆 Other (Specify) 27. MANNER OF DEATH 28a. OATE OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28b, TIME OF INJURY 1 Natural 5 Pending M 1 YES 2 NO Investigation 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, farm, atreet, factory, offica building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) S Could not be determined 4 Homicida 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) 10 a COMPLETEO CAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND ADDRESS OF PERSON WHO

Land State of the
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	CATE O	F DEATH	REG. N	10.	
	1. DECEDENT'S NAME (First, Middle, Las.					2. DATE OF DEATH		3. TIME OF DEATH
	KICKAND.A.						5 199	1 11:00 A
	4. SOCIAL SECURITY NUMBER 219-12-2243	1 M 2 🗆 F		IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year) 12-14-1		BIRTHPLACE (State or Foreign Country) Maryland
CHOR	99. FACILITY NAME (If not institution, give	Hospital (Î23.	Hager	or LOCATION OF	mel,	9c. COUNTY Wash	OF DEATH
DIREC	100. STATE 10b. COUNTY Was	hington		town on Loc consbor				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	100. STREET AND NUMBER 18123 Manor Ch	urch Road			101. ZIP CODE 217	13	10g. CITIZEN	OF WHAT COUNTRY? U.S.A.
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 X NO	If yee,	ECENDENT OF HISP, specify Cuben, Mexic ES 2 NO Spec	ANIC ORIGIN? (Specify cen, Puerto Ricen, etc.)	Yes or No 14.	RACE — American Indian, Black, White, etc. Specify: White
LETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondery (0-12)	UCATION de completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use i	rk done durina i	TION most of working	16b. KIND OF I	BUSINESS/INDUST	RY
MP	9 yrs.		Bus Dri	ver		Owner,	Operato	or
COMP	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	IAME (First, Middle, Maid	en Sumame)	
BE	Oscar		S	wartz	Mabel	Mae (Grubbs	
0	19e. INFORMANT'S NAME (Type/Print)					I Route Number, City or 1		
	Shirley E. Sw	artz	18123 M	lanor (Church Ro	Boonsbo	ro, Mary	land 21713
	20e. METHOD OF DISPOSITION 1 K Burlet 2 Cremetion 3 Re- 4 Donetion 5 Other (Specify)	moval from State	ob. PLACE AND DATE OF legnetery, cremetory or other Manor Cemet	pisposition (Name of 1-18-1991		location — city	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE L Douglas A.				AND ADDRESS OF F	7606 Home Boot		ional Pike
ERTIFICATION	Sequentially list conditione, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted evente reculting in deeth) LAST	b. Coubre DUE TO (OR AS	S A CONSEQUENCE OF: S A CONSEQUENCE OF: B A CONSEQUENCE OF:	none But receit	ident	inel		Oneet and Des
EDICAL C	PART II. Other significent condition	ns contributing to death	but not resulting in	the underlyi	ng cause given in	Pert I. 24s. WAS / PERF.	AN AUTOPSY DRMED?	24b. WERE AUTOPSY FINDING AVAILABLE PRIDR TO COMPLETION OF CAUSE DF DEATH?
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ву рну	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	Y 28h TIME D	OF 28c. IN	JURY AT /ORK? YES 2 NO		8 Other (Specify) 28d. DE\$CRIBE HOW INJURY OCCURED	
ETED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUI building, etc. (Sp	RY — At home, ferm, atre- necify)	et, fectory, off	Ice	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
COMPLI	290. CERTIFIER (Check only one) 1 LEERTIFYING PHYS	ER: On the best of my kno	owledge, death occurred a lon end/or investigation, i	nt the time, de	te and place, and du death occured at the	e to the ceuse(e) end m	enner se stated.	use(s) end menner ee stated.
O BE C	29h. SIGNATURE AND TITLE OF CERTIFIE	Gridos	0		Da-	189 8	29d. DATE SIG	NED (Month, Day, Year)
	30. HAME AND ADDRESS OF BERSON W	HO COMPLETED CAUSE OF C			u Mp à	2/7/1		
	31. DATE FILED (Month, Day, Year)	32 MEGISTRAN'S SIG	MATHEMA		1	/ .		

31. DATE FILED (Month, Day, Year) NOV 18 91

THE PARTY NAME (FOR ISSUEDING OF SERVICE AND ASSOCIATIVE OF SERVICE OF SERVIC	1158	1. DECEDENT'S NAME (First, Middle, Last	G. Tex	ter	TIFICATE OF		REG. NO. 2. DATE OF DEATH MONTH DAY	91 YEA	3. TIME OF D
Se FACILITY NAME (if we institution, give steet and number) Se FACILITY NAME (if we institution, give steet and number) Se FACILITY NAME (if we institution, give steet and number) Se FACILITY NAME (if we institution, give steet and number) Se FACILITY NAME (if we institution, give steet and number) Se FACILITY NAME (if we institution, give steet and number) Se FACILITY NAME (if we institution, give steet and number) Se FACILITY NAME (if we institution, give steet and number) Se FACILITY NAME (if we institution, give steet and number) Se FACILITY NAME (if we institution, give steet and number) Se FACILITY NAME (if we institution, give steet and number) Se FACILITY NAME (if we institution, give steet and number of an institution of the institution, give steet and number of an institution of the institution, give steet and number of an institution of the institution	1	4. SOCIAL SECURITY NUMBER 188-10-0776		-	MONTHS DAVE		(Month, Day, Year)	Co	
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The Code of the Co	CC	10a. STATE 10b. COUN							10d. INSIDE C LIMITS? 1 7 YES 2
S. DECEDENT'S EDUCATION Specify	LLI III				101				OF WHAT COUNTRY
15. DECEDENT'S BUCKTION 16. KIND OF BUSINESS/INDUSTRY 12. 16. KIND OF BUSINESS/INDUSTRY 16. KIND OF BUSINESS/IND		1 Naver Married 2 Married			If yea, spi	ecify Cuban, Maxic	ean, Puarto Rican, atc.)	8	ACE — American to Black, White, etc.
THE INFORMANT'S NAME (TypesPrint) 190. INFORMANT'S NAME (TypesPri	PLETE	(Specify only highest grad	de completed)	(Give kin	d of work done during mo: OT use retired.)	st of working	LETTERK		Υ
190. MRAJOIL HIGGINS TEXTER 190. MARJOIL HIGGINS TEXTER 1	121		nmn	TEXTER				urname)	
20. PLACE AND DATE OF DISPOSITION Name of conditions, in any state 20. PLACE AND DATE OF DISPOSITION Name of conditions, in any, leading to commence the course, cremancy or other place) PARK LAWNS MEMORITAL GARDENS 1991 CHAMBERS BURG	TO B		TEXTER	19b. MAI 81.5	LING ADDRESS (Street a	nd Number or Rural	Route Number, City or Town,	State, Zip Code,	201
22. NAME AND ADDRESS OF FACILITY ROBert Gr. Sellers Funeral Home, I 297 Phila. Ave. Chambersburg, Pa. 23. PART / Enter the diseases, or complications that caused the death, Do not enter the mode of dying, such as cardisc or respiratory arrest, abock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate caused the conditions and resulting in death) DUE TO IOR AS A CONSEQUENCE OF: Sequentially list conditions, if any, leading to immediate conditions contributing to death but not resulting in the underlying cause given in Part I. 28. WAS CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO IOR AS A CONSEQUENCE OF: 19 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 28. WAS CAUSE REPERBED TO MEDICAL EXAMINERT. 28. WAS CAUSE REPERBED TO MEDICAL EXAMINERT. 29 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 29 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 29 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 20 WAS CAUSE REPERBED TO MEDICAL EXAMINERT. 20 WAS CAUSE REPERBED TO MEDICAL EXAMINERT. 20 WAS CAUSE REPERBED TO MEDICAL EXAMINERT. 20 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 20 WAS CAUSE REPERBED TO MEDICAL EXAMINERT. 21 WAS CAUSE REPERBED TO MEDICAL EXAMINERT. 22 WAS CAUSE REPERBED TO MEDICAL EXAMINERT. 23 WAS CAUSE REPERBED TO MEDICAL EXAMINERT. 24 WAS CAUSE REPERBED TO MEDICAL EXAMINERT. 25 PLACE OF BEATH (Direct only include or Fund Planch N WORK) 26 WAS CAUSE REPERBED TO MEDICAL EXAMINERT. 27 WAS CAUSE REPERBED TO MEDICAL EXAMINERT. 28 WAS CAUSE REPERBED TO MEDICAL EXAMINERT. 29 PLA	2	20a METHOD OF DISPOSITION 14D Burlal 2 Cremetton 3 Res	movel from State	20b. PLACE AND D	ATE OF DISPOSITION (Na				
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Total Page	MEDICAL CERTIFICATION	immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. Auto (on A out to (on A out to contributing to death	S A CONSEQUENCE S A CONSEQUENCE S A CONSEQUENCE D but not regular	Do not anter the mod	le of dying, such	Part I. 24a, WAS AN AN PERFORM	Control of the contro	Approxi
2 Section 1 2 Could not be defermined 28e. PLACE OF INJUST At home, farm, street, testory, office 28f. LOCATION /Street and Number or Fund /Finite All City or Steen, Stein	CIAN: MEDICAL CERTIFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. Auto (chi A della contributing to death out.)	S A CONSEQUENCE S A CONSEQUENCE A CONSEQUENCE D but not result	Do not anter the model of the control of the contro	Cause given in	Part I. 24a. WAB AN AL PERFORM	Control of the contro	Approxi
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29a. CERTIFIER (Check only one) MEDICAL EXAMINER: On the bate of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the bate of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and representation and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and representation and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and representation and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and representation and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and representation and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and representation and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and representation and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and representation and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and representation and occurred at the time, data and place, and due to the cause(a) and representation and occurred at the time, data and place, and due to the cause(a) and representation and occurred at the time, data and place, and due to the cause(a) and representation and occurred at the time, data and place, and due to the cause(a) and representation and occurred at the time, data and place, and due to the cause(a) and representation and occurred at the time, data and place, and due to the cause(a) and representation and occurred at the time, data and place, and due to the cause(a) and representation and occurred at the time, data and place at the time, data and place at the time, da	TED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II, Other significant conditions and the condition of the condition o	B. AUC TO TOP A OUE TO TOP A d. HOSPITAL: 1 Heatlert 2 ERO 288 DATE OF INJUR MANUEL DE INJUR END PLACE OF INJUR END PLACE OF INJUR END PLACE OF INJUR	S A CONSEQUENCE S A CONSEQUENCE A CONSEQUENCE To but not result outpettern 2 D DC TY 286	Do not anter the model Do not anter the model E of E of E of E of OTHER! A Muraing Heate TOME! OF 280, HO WO!	Cause given in	Part I. 24a. WAS AN AN PERFORM 1 VER 2 C	UTOPSY EDT	Approxi

CAUSE OF DEATN (ITEM 27) (Type, Print)

132 REGISTRAR'S SIGNATURE Wha Davidson-Randell

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	(
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director page 5 should be detached for use as the burnal transfer narms	So a second
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	F
IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.)

1 - STATE REGISTRAR	STATE OF M.	CE	RTIF	ICATE (OF DEAT	Н	RE	G. NO.			
1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF D	EATH	VEAR	3. TIME OF D	EATH
KATHLEEN		ANNE		TU	RGEON		1 0	29 DAY 1	99 1 FAR	1:31	P
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last birtho		"			MIN.	7. DATE OF BI (Month, Day,	RTH Year)	a. BIRTH Count		r Foreign
211-50-0496	1 M 2 X F	2.7	YAS.				Augus	t 28,		PA	
9a. FACILITY NAME (If not institution, give					WN OR LOCATION				COUNTY OF I	DEATH	
PUBLIC	HIGHWAY	(CHES	TERTO	WN,	MARYL	AND	KE	NT	
10e. STATE 10b. COUNT	гу		10c. CITY	Y, TOWN OR LOCATION						10d. INSIDE	CITY
MD	Kent		Bo	x 310)A Ch	ogt	ertow	n		LIMITS?	
10e. STREET AND NUMBER				711 310	10f. ZIP CODE	CDC	CILOW		CITIZEN OF	WHAT COUNTR	
Box 310A				170	2162	0			US	SA	
11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN U.S. ARI	MED	13. WAS	DECENDENT OF	HISPAN	IIC ORIGIN? (Spi	cify Yea or No		E — American i	indien,
1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WA		U	1 [, specify Cuben, YES 2 NO	Specify Specify	n, Puerto Rican, :	etc.)	Spec	orfy:	
	1									Whit	е
15. DECEDENT'S EDI (Specify only highest grad	e completed)	(G/A	EDENT'S TO kind of w Do NOT us	USUAL OCCUP	ATION most of working		16b. KIND	OF BUSINESS	/INDUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5 +)			,							
17. FATHER'S NAME (First, Middle, Last)	4	Gei	nera	1 Mar				peria.		el	
	veries T						ME (First, Middle,		e)		
Thomas R. La	IVIII, Jr.		MARINO	ADDRESS (C)	N 1.1		E. Pa				
Daniel C. Tu	122002	190.					loute Number, Cit	y or Town, State	, Zip Code)		
20a. METHOD OF DISPOSITION	irgeon	Tanh DI ACE A		FDISPOSITION	above	<u>e</u>					_
1 Burial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	cemetery, cren	natory or oti	her placel				20c. LOCATION			
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	I Cap	Ditol Crematory 11/1/91 Dover, D						DE1	990	
· 16. 0	1										
23. PART I. Enter the diseasea, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Mult	caused the des	Ina.	ot enter the	110WS	-We	t Che	ester	OWD		imata Betwe
IMMEDIATE CAUSE (Final diaease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO (O	caused the dea	UENCE OF	ot enter the	3 High	-We	t Che	ester	OWD	MD 2.1	imata Betwe
IMMEDIATE CAUSE (Final diaease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury	a. DUE TO (O	on each line.	UENCE OF	ot enter the	3 High	-We	t Che	ester	OWD	MD 2.1	imata Betwe
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immediate Cause (Final diaease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	a. DUE TO (O d	PR AS A CONSECUTOR AS A CONSE	JUENCE OF):): ot enter the	3 High	-We h S g, auch	t. Chen as cardiac p	ester: r respiratory WAS AN AUTOPPERFORMED?	COWN, arrast,	Approximatery Onaet Were Autops AMALBLE PRI COMPLETION COF DEATH?	Imata I Between De and De Y FINDIN OR TO DF CAUSI
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IMMEDIATE CAUSE (Final diaease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? X YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation investigation determinad 29a. CERTIFIER (Check only one) 1 CERTIFIER (Check only one)	a. DUE TO (O b. DUE TO (O c. DUE TO (O d	DR AS A CONSECUENT OF AS A CONSE	DOA DOA TIME TO THE TENT OF TH	ot enter the	3 High mode of dying mode of dying cause give place of DEA forms 5 Reside injury at WORK? YES 2 Place of DEA forms 5 Reside injury at WORK? YES 2 Place of DEA forms 5 Reside in, death occured 29c. LICENS	-We h S g, such	Part I. 24a. Ck only one) K(Xother (Spec 28d. DESCRIBE SUBJE Chip or Town CHES 100 the cause(a) a lime, data and piece.	WAS AN AUTOPPERFORMED? YES 2 NO Notify) P HOW INJURY CT PAS (Street and Num S, State) S TERT C	SY 24b OUBLI OCCURED UN SE NG WWN Metated. O the couse(e)	MD 21 Approximaterya Onaet Were Autops AMALABLE PRI COMPLETION OF DEATH? WES 2 (C HIG: CK IM: ER IN: Route Number, ARYLA: and manner as (Month, Dey, Ye.	I Between Bet
IMMEDIATE CAUSE (Final diaease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? XIN YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 1 Netural 1 Netural 2 Accident Investigation 3 Suicida 8 Could not be determined 1 Check only 2 MEDICAL EXAMINER (Check only 2 MEDICAL EXAMINER (Check only 2 MEDICAL EXAMINER 2 MEDICAL EXAMINE	a. DUE TO (O b. DUE TO (O c. DUE TO (O d	PRAS A CONSECUTOR AS A CONSECU	DOA DOA 20b. Time 11 11 11 11 11 11 11 11 11 11 11 11 11	ot enter the 28 OTHER: 4 — Number of 28c. BY AM 1 [rest, factory, of HWAY did at the time, of the factory of the time,	3 High mode of dying and a give place of DEA forms 5 Reale injury at work? YES 2 1 Miles and place, as an death occurred 29c. LICENS	Ween in F ween in F with (Cheen and due to that the to	Part I. 24a. Ck only one) K(Xother (Spec 28d. DESCRIBE SUBJE Chip or Town CHES 100 the cause(a) a lime, data and piece.	WAS AN AUTOPPERFORMED? YES 2 NO WHY INJURY TO PAS (Street and Num n, State) TERT Count manner ee lace, and dua to	SY 24bb OUBLI OCCURED U SENG Where or Rural W WN, M stated. Deta couse(a)	MD 21 Approximaterya Onaet Were Autops AMALABLE PRI COMPLETION OF DEATH? WES 2 (C HIG: CK IM: ER IN: Route Number, ARYLA: and manner as (Month, Dey, Ye.	I Between Betw

and offerent miles of the

TO THE FUNCTION. After this continue to the attention of the attention physician and completely filled in by the function, page 5 should be detached for use as the burial-transit permit. Page be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.
State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	FOR STATE REGISTRAR	STATE OF MA	ARYLAND / DEPART	MENT OF H		MENTAL HYGIEN	E	2000	
	1. DECEDENT'S NAME (First, Middle, Last) DOROTHY	LEE	TA	YLOR		2. DATE OF DEATH MONTH November	10, 19	3. TIME OF DEATH 9:45 P M	
1	4. SOCIAL SECURITY NUMBER 577-28-2412 9a. FACILITY NAME (If not institution, give s	1 🗆 M 2 💢 F	7 1 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month, Day, Year) Country) NORTH CA			
MON	Memorial Hospita			Cumber		АТН	Alle		
AL DIRECTOR	MARYLAND ALI 100. STREET AND NUMBER	EGANY		TOWN OR LOCAT			10g. CITIZEN	10d. INSIDE CITY LIMITS? 1X YES 2 NO OF WHAT COUNTRY?	
FUNERAL	ROUTE 2 BOX 1				21530		USA		
ВҰ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT I FDRCES? 1 [IF YES, GIVE WAR	YES 2 NO	13. WAS DEC II yea, spe 1 — YES	ecify Cuban, Maxican	IC ORIGIN? (Specify Yea n, Puerto Rican, atc.)		RACE — American Indian, Black, White, atc. Specify: WHITE	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	III. Do NOI use	ork done during mor retired.)	N st of working	18b, KIND OF BUS	INESS/INDUST	RY	
OMP	17. FATHER'S NAME (First, Middle, Last)		HOME	MAKER			OWN HO	ME	
	SHORT CORNELL	STRICKL	MD		BERTHA	ME (First, Middle, Meiden :			
) BE	19a. INFORMANT'S NAME (Type/Print)	DIKICKE		ADDRESS (Street e		A LEE E	NZOR	le)	
10	JUDY L. NELSON		ROUTE			LINTSTONE		21530	
	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Remote 4 Donation 5 Other (Specify)		20b. PLACE AND DATE OF cemetery, cremetery or oth FAIRVIE: W	er plece) CEMET	me of	DATE 20c. LOC	TEMAS		
	FT BIGHATURE OF FUREIGN SERVICE LIC	ENSEE 14		HAFER 1302	CHAPEI NATIONA	OF THE	HILLS	MORTUARY MD 21502	
CERTIFICATION	23. PART i. Enter the diseases, or cehock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (O)	on eech line.	Post	y A	reA.		interval Between Oneet and Deeth	
PHYSICIAN: MEDICAL CE	PART II. Other eignificant conditions	s contributing to de	eth but not resulting in	the underlying	ceuse given in F	Pert I. 24s. WAS AN A PERFORE 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO CDMPLETION DF CAUSE DF DEATH? 1 YES 2 NO	
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Chec	ck only one)			
BY	27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could get by	28a. DATE OF IN. (Month, Day,	R/Outpatient 3 DOA JURY 28b. TIME	OF 28c. INJU WOF M 1 Y	ES 2 NO		Other (Specify) I. DESCRIBE HOW INJURY OCCURED		
COMPLETED	4 Homicide determined	building, ato	. (Specify)			City or Town, State)		oral Picture Number,	
	one) 2 MEDICAL EXAMINER		knowledga, death occurred					use(s) and manner as stated.	
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	M			D 23371	9ER	▶ //	12/9/	
	30. NAME AND ADDRESS OF PERSON WAS		of DEATH (ITEM 27) (Type, F 1 Hospital		and MD	21502			
	31. DATE NOV 1 4 1991	22. REGISTRAR'S	SIGNATURE A CONTROL OF THE PROPERTY OF THE PRO	oumber.	tand, FID	21302			

1 DECEDENTIO MATERIAL CO			ERTIFIC	MIL	OF DI	EATH	_	REG. NO).		
1. DECEDENT'S NAME (First, Middle, Last) JAMES		LEE	T	WIGG			2. DATE MONT	of DEATH D	^{AY} 2, 1	991	3. TIME OF DEATH 6:30
4. SOCIAL SECURITY NUMBER 220-10-7888	5. SEX	6. AGE (In yrs. 16		IF UNDER 1		UNDER 24 HRS. URB MIN.	7. DATE	OF BIRTH th, Day, Year)		8. BIRTHI Country	PLACE (State or Forei
99. FACILITY NAME (If not institution, give s Memorial Hospita			1		own on Lo	end		13-17	9c. COU	NTY OF DE	ATH
RESIDENCE OF DECEDENT 100. STATE 10b. COUNT WEST VA MI					LOCATION						10d. INSIDE CITY LIMITS?
100. STREET AND NUMBER 64 BLOCKER ST	REFET		KL	DGEL	101. ZIP	CODE 5753					HAT COUNTRY?
11. MARITAL STATUS 1 □ Never Merried 2 □ Merried 3 ※ Widowed 4 □ Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	X YES 2 AR OR DATES		If y	S DECENDE		en, Puerto	N7 (Specify Ye Ricen, etc.)		14. RACE Black, Specify	- American Indian, White, efc.
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12) UNKNOWN	CATION) (I	ECEDENT'S US Give kind of wor b. Do NOT use OK /	rk done dur retired.)	UPATION ring most of the	working	1		ANES	E CO	RPORATI
17. FATHER'S NAME (First, Middle, Last) LEE B. TWIGG						MOTHER'S N		Middle, Maiden	Surneme)		
190. INFORMANT'S NAME (Type/Print) JANICE SNYDER		19	P.O.	BOX	Street and No.	umber or Rural	Route Num	FORD	n, State, Zic	Code) 26	767
20e, METHOD OF DISPOSITION 1 M Burlel 2 Cremetion 3 Rem 4 Donetion 5 Other (Specify)	oval from State	20b. PLACE cemetery, cr SUNS	ANDDATE OF THE TENT OF THE TEN	DISPOSITI	ON (Name of	PARK	DAT M-la-	E 20c. LO			ND, MD
21. SIGNATURE OF FUNERAL SERVICE LIC	Inchuse	4		22. NA GEO	RGE-	UPCHU	ACILITY	FUNE	RAL	НОМЕ	F, P.A.
23. PART I. Entar the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition	complications tha List only one cau	t caused tha daa on each lin								rest,	Approximate interval Bette Oneat and D
resulting in death)	DUE TO	(OR AS A CONSE	OUENCE OF	ì				1	n		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO	(OR AS A CONSE	OUENCE OF):								
that initiated avanta reaulting in death) LAST	d.	(OR AS A CONSE	OUENCE OF):								
PART II. Other significant condition	s contributing to	death but not	resulting in	the unda	riying cau	sa givan in	Part I.	24e. WAS AN PERFOR	RMED?		WERE AUTOPSY FIND AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 N NO	HOSPITAL:			THER:	28. PLACE	OF DEATH (C	heck only or	10)			
27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF (Month, D	INJURY	28b. TIME C	OF 28	BC. INJURY / WORK?			SCRIBE HOW I	NJURY OCC	CURED	
2 Accident Investigation 3 Suicide a Could not be determined	28e. PLACE Of building,	F INJURY — At he atc. (Specify)	ome, ferm, stre				28f, LOC City	ATION (Street or Town, State)	and Number	or Rural Ro	oute Number,
290. CERTIFIER 1 CERTIFYING PHYSIC Chock only	PAN: To the best of	my knowledge, di	eeth occurred	nt the fime	, date end p	plece, end du	to five cer	use(s) end mer	nner es atat	ed.	end menner es state
1.0	-						- 6111			,	The second

21502

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
Vik Poonai, PO Box 338, Cumberland, Md. 31. DATE FILED (Month, Day, Year)

NOV 0 7 1991

32. REGISTRAN'S SIGNATURE Julie Davidson-Randelle

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1 - REGISTRAR	CERTIFIC	CATE OF DEATH	REG. NO.	
1. OECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	3. TIME OF DEATH
Pearl Tribbitt			MONTH DAY 28-	91 10:10 AM
4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.	7, OATE OF BIRTH	6. BIRTHPLACE (State or Foreign
1 M 2 G	F YRS.	IONTHS DAYS HOURS MIN.	(Month, Day, Year)	Country)
9e. FACILITY NAME (If not institution, give street and number	82	9b. CITY, TOWN OR LOCATION OF DI	09/03/09	Maryland DUNTY OF DEATH
		98. CITY, TOWN OR LOCATION OF DI	EATH 9C. CC	JUNIT OF DEATH
Weslevan Center		Denton	Ca	roline
Weslevan Center RESIDENCE SFOEGEOENT 100. STATE Maryland Caroline	10c CITY	TOWN OR LOCATION		10d. INSIDE CITY
Maryland Caroline	Dent			LIMITS?
iviar yland Caronne	Den			1 YES 2 NO
100. STREET AND NUMBER		10f. ZIP CODE		CITIZEN OF WHAT COUNTRY?
监 280 Camp Rd.		21629	U	SA
TOO. STREET AND NUMBER 280 Camp Rd. 11. MARITAL STATUS 1 Prover Merried 1 Merried 1 Process	DENT EVER IN U.S. ARMED		NIC ORIGIN? (Specify Yea or No-	- 14. RACE - American Indian, Black, White, etc.
1 Never Merried 2 Merried IF YES, GI	1 YES 2 NO VE WAR OR DATES	It yes, specify Cuben, Mexico		Specify: white
3 Widowed 4 Divorced		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Wille
15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16e. DECEDENT'S U	SUAL OCCUPATION	16b. KIND OF BUSINESS/I	INDUSTRY
Elementary/Secondary (0-12) College (1-4	life. Do NOT use	rk done during most of working retired.)		
₫ 6th grade	Domes	tic	Domesti	C
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4) 6th grade 17. FATHER'S NAME (First, Middle, Last)	Donies		ME (First, Middle, Malden Surname	
UNKNOWN 190. INFORMANT'S NAME (Type/Print)		Daisey		
O 196. INFORMANT'S NAME (TyporPrint)		ADDRESS (Street and Number or Rural		
Wary Breeding		, Box 310, Gree		
20a. METHOD OF DISPOSITION 1 XBurlel 2 Cremetion 3 Removal from State	20b. PLACE AND OATE of cemetary, crematory of	OF OISPOSITION (Name	OATE 20c. LOCATION	— City or Town, State
4 Donetion 5 Other (Specify)	Greensbo	ro Cemetery	10/30/91 Gre	ensboro, MD
21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22 NAME AND ADDRESS OF EA	CILITY	
1 to 1 46	0,	9	enbein Funera	
Nay Car			lve. Greensbo	
23. PART I. Ents/ the diseases, or complications shock, or heart feliure. List only one IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)		Cardiac	0 11	Approximate Interval Between Onset and Death
Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	E TO (OR AS A CONSEQUENCE OF	c Caliovasci	Var Ose	ase
The man of the state of the sta	g to deeth but not resulting in	the underlying cause given in		
PART II. Other significant conditions contributing 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	tructive	PUMONAVY	PERFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 PO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH (C	heck only one)	
O EXAMINER? 1 YES 2 NO HOSPITAL 1 Inputient	2 ER/Outpatient 3 DOA	OTHER: 4 Nursing Home 5 Residence	8 Other (Specify)	
T 27. MANNER OF DEATH 280. DAT	E OF INJURY 26b. TIME	OF 28c. INJURY AT	28d. DEŞCRIBE HOW INJURY	OCCURED
	nth, Day, Year) INJL	M 1 YES 2 NO		
2 Accident Investigation	ACE OF INJURY — At home, term, st		281. LOCATION (Street end Num	nher or Rural Route Number
3 Suicide 6 Could not be built	ding, etc. (Specify)	nest, factory, office	City or Town, State)	iber of ribias roote stantos,
4 Homicide 6 Could not be determined bull 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best	est of my knowledge, death occurre	d at the time, date and place, and du	e to the cause(a) and manner as	stated.
2 MEDICAL EXAMINER: On the best	s of examination end/or investigation	, in my opinion, death occured at th	e time, date end place, end due to	o the ceuse(e) end manner ee stated.
		29c, LICENSE NU	IMBER 29d. (DATE SIGNED (Month, Day, Year)
m GNATURE AND TITLE OF CERTIFICATION	and MI	7 7	127/	10-20-511
o the state	CALLES OF DEATH ATTH AT	2 2	2/6	10 00 11
IN NAME AND A ODRESS OF PERSON WHO COMPLETED	CAUSE OF DEATH (ITEM 27) (Type	> NO HO!	1-	1. 11/20
James GIRC	95 10	X 176	12-0001	0 110 21627
	ISTRAR'S SIGNATURE			
OCT 30 '91 6 6	ia Davidson-Randall			

,			-
46, BALTIMORE, MARYLAND 21203-3146	DING PHYSICIAN: The law requires that the death certificate be executed within 2 — Curs after death. Page 6 may be retained by the hospital or attending physician.	frer this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2 and the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execut	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filled within 72 hours after death with the State Dept, of Heath and Mernal Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

- STATE REGISTRAR	STATE OF MARYL	AND / DEPARTA CERTIFIC			MENTAI	REG. NO.	1		
I. DECEDENT'S NAME (First, Middle, Las	t)				2. DATE	OF DEATH	Y	3. T	IME OF DEATH
Haze1	Frances	Towers			11	10	1991	1	:15 P
SOCIAL SECURITY NUMBER	5. SEX 6. AGE	()	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	6.	BIRTHPLAC	E (State or Foreign
217-03-5995	1 M 2 F	76 YRS. MG	ONTHS DAYS	HOURS MIN.		26 19		Country) Marv	land
2.1.7-U3-3993 Da. FACILITY NAME (If not institution, give		, 0	OUTY TOWN O	R LOCATION OF DI		20 1	9c. COUNTY		
a. PACIEIT NAME (II not institution, give	y street and number)	91	a. CITY, TOWN O	TEOCATION OF DI	AIR				
206 South Sev	enth Street	;	Der	nton			Ca	roli	ne
De. STATE 10b. COUP	ALLA.	10c. CITY, T	OWN OR LOCATI	ON				10d	INSIDE CITY LIMITS?
Maryland	Caroline			Dentor	1			1 🔯	YES 2 NO
O. STREET AND NUMBER			10t.	ZIP CODE			10g. CITIZEN	OF WHAT	COUNTRY?
005 - 11				0.600				2	
206 South Sev				21629			U.S		
1. MARITAL STATUS	12. WAS DECEDENT EVER I			NDENT OF HISPAI city Cuben, Mexica			or No 14.	RACE A Black, Wh	mericen Indien, ite, etc.
Never Merried 2 Merried	IF YES, GIVE WAR OR D			2 NO Specif				Specify:	
Wildowed 4 Divorced				X,			l C	auca	sian
15, DECEDENT'S E		16e. DECEDENT'S US	UAL OCCUPATIO	N	16b	. KIND OF BUS			
(Specify only highest gra		(Give kind of world life. Do NOT use n	k done during mos etired.)	t or working					
Elementary/Secondary (0-12)	College (1-4 or 5+)					0	7 7 7		
11 HS grad.	None	Disp	oatche:			Centr		arm	
FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, I	Middle, Maiden	Surname)		
Charles	Adams			Vi	rai	nia	Wi	11 ia	mson
a. INFORMANT'S NAME (Type/Print)	ZZ CO CALLED	19b, MAILING AT	ODRESS (Street ar	d Number or Rural					
			12.5						
Carole Sabrir									A 3007
a. METHOD OF DISPOSITION	20	b. PLACE OF DISPOSITI	ON (Name of cem	etery, crematory or		20c. LO	CATION - CITY	or Town,	State
Burlel 2 ☐ Cremation 3 ☐ Re Donation 5 ☐ Other (Specify)		other place)			1/1	2 Da		Mar	1
I. SIGNATURE OF FUNERAL SERVICE		Denton Ce		D ADDRESS OF FA	1/1	3 De	nton,	Mai	yland
1. SIGNATURE DE PUNERAL SERVICE	LICENSEE O A			e Funei		Homo	D 7		
* Koudy	DUT //has	40							
· quicky	SWILL THE LOOK			er B, I					1629
23. PART I. Enter the diseases of	r complications that cause a. List only one cause on	d the death. Do not	anter the mod	ia of dying, auc	h aa care	diac or raapi	retDry arres	,	Approximata
	a. List Dnly Dna cause on	each iina.	4					i	Interval Batwa Onset and Day
IMMEDIATE CAUSE (Final disease or condition	mita	atati:	1	ng c	1000			i	- D
resulting in death)	a. / lela	naice	ne	rug C	anc	we	ma		97
	DUE TO (OR AS	A CONSEQUENCE OF):		1					/
				0					
Sequantially list conditions,	DUE TO (OR AS	A CONSEQUENCE OF):					-		
f any, leading to immediate cause. Enter UNDERLYING									
CAUSE (Diseasa or Injury	C								
that Initiated events	DUE TO (OR AS	A CONSEQUENCE OF):							
resulting in death) LAST	d								
	ions contributing to death	but not resulting in	All a see de aleida a						
PART ii. Other algnificant conditi			tha undariying	cause given in	Part I.	24a, WAS AN			
PART II. Other algolificant condition			tna undariying	cause given in	Part I.	PERFOR	MED?	AVA	RE AUTOPSY FINDIN ILABLE PRIOR TO MPLETION OF CAUS
PART II. Other algorificant condition		17/1	tha undariying	cause given in	Part I.		MED?	AVA	ILABLE PRIOR TO
PART II. Other algolificant condition			tna undariying	cause given in	Part I.	PERFOR	MED?	AVA COI OF	ILABLE PRIOR TO MPLETION OF CAUSE
PART II. Other eignificant condit			tha undarrying	cause given in	Part I.	PERFOR	MED?	AVA COI OF	ILABLE PRIOR TO MPLETION OF CAUSE DEATH?
						PERFOR	MED?	AVA COI OF	MPLETION OF CAUSE DEATH?
			28. PL	cause given in		PERFOR	MED?	AVA COI OF	ILABLE PRIOR TO MPLETION OF CAUSE DEATH?
5. WAS CASE REFERRED TO MEDICAL			28. PL		neck only o	PERFOR 1 YES 2	MED?	AVA COI OF	ILABLE PRIOR TO INPLETION OF CAUSE DEATH?
5. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Ou	tpatient 3 DOA 4	28. PL DTHER: Nursing Hom F 28c, INJ	ACE OF DEATH (CI	neck only or	PERFOR 1 YES 2	MED?	AVA COI OF	ILABLE PRIOR TO MPLETION OF CAUSE DEATH?
5. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 □ Inpatient 2 □ ER/Out	tpatient 3 DOA 4	28. PL DTHER: Nursing Hom DF 28c. INJI	ACE OF DEATH (C) 5 S Residence JRY AT	neck only or	PERFOR 1 YES 2 ne)	MED?	AVA COI OF	ILABLE PRIOR TO MPLETION OF CAUSE DEATH?
5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 DOD 7. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 ER/Out 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME (28. PL DTHER: Nursing Hom DF 28c. INJ WO M 1 1	ACE OF DEATH (CI	6 Other	PERFOR 1 YES 2 re) ar (Specify) \$CRIBE HOW II	MED?	AVA COI OF 1	ILABLE PRIOR TO MPLETION OF CAUSI DEATH? YES 2 NO
5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 D 7. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not 8	HOSPITAL: 1 □ Inpatient 2 □ ER/Out 28e. DATE OF INJURY (Month, Day, Year) 26e. PLACE OF INJUR	28b. TIME (INJUR	28. PL DTHER: Nursing Hom DF 28c. INJ WO M 1 1	ACE OF DEATH (CI	6 Other	PERFOR 1 YES 2 1 (Specify) SCRIBE HOW II	MED?	AVA COI OF 1	ILABLE PRIOR TO MPLETION OF CAUSI DEATH? YES 2 NO
5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 DD 7. MANNER OF DEATH 1 Natural 5 Pending Investigation	HOSPITAL: 1 Inpatient 2 ER/Out 28e. DATE OF INJURY (Month, Day, Year) 26e. PLACE OF INJUR building, etc. (Sp	28b. TIME (INJUR	28. PL DTHER: Nursing Hom DF 28c. INJ WO M 1 1	ACE OF DEATH (CI	6 Other	PERFOR 1 YES 2 re) ar (Specify) \$CRIBE HOW II	MED?	AVA COI OF 1	ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 DD 7. MANNER OF DEATH 1 Substruil 5 Pending Investigation 3 Suicide 6 Could not 1 determined	HOSPITAL: 1 Inpatient 2 ER/Ou 280. DATE OF INJURY (Month, Day, Year) 260. PLACE OF INJUR building, etc. (Sp.	2sb. TIME (INJUR Y — At home, farm, strie	28. PL DTHER: Nursing Hom Set, 100 1 No. 100	ACE OF DEATH (CI	6 Other	PERFOR 1 YES 2 or (Specify) SCRIBE HOW II CATION (Street a or Town, State)	NJURY OCCU	AVA COI OF 1 [ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 DD 7. MANNER OF DEATH 1 Datural 5 Pending Investigation of the could not independent and the could not independent of the could not independ	HOSPITAL: 1 Inpatient 2 ER/Out 28e. DATE OF INJURY (Month, Day, Year) 26e. PLACE OF INJUR building, etc. (Sp	2sb. TIME (INJUR Y — At home, farm, strie	28. PL DTHER: Nursing Hom Set, 100 1 No. 100	ACE OF DEATH (CI	6 Other	PERFOR 1 YES 2 or (Specify) SCRIBE HOW II CATION (Street a or Town, State)	NJURY OCCU	AVA COI OF 1 [ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 DO 7. MANNER OF DEATH 1 Histural 5 Pending Investigation 3 Suicide 6 Could not 4 Homicide determined 9e. CERTIFIER (Check only	HOSPITAL: 1 Inpatient 2 ER/Ou 280. DATE OF INJURY (Month, Day, Year) 260. PLACE OF INJUR building, etc. (Sp.	y — At homa, farm, atre	28. PL DTHER: Nursing Hom DF 28c. INJ DIY M 1 1 1	ACE OF DEATH (CI	8 Other	PERFOR 1 YES 2 ar (Specify) SCRIBE HOW II CATION (Street & or Town, Stete)	NJURY OCCUI	AVA COI OF 1 [ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO Number.
5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 DD 17. MANNER OF DEATH 1 Deftural 5 Pending Investigation of the control	HOSPITAL: 1 Inpatient 2 ER/Out 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Spi IYSICIAN: To the best of my kno	y — At homa, farm, atre	28. PL DTHER: Nursing Hom DF 28c. INJ DIY M 1 1 1	ACE OF DEATH (C/	6 Other 28d. DE 281. LOC City at the case of time, date	PERFOR 1 YES 2 Per (Specify) SCRIBE HOW II CATION (Street & or Town, Stete)	NJURY OCCUI	AVACOOR COOR T 1 [RED Rep Rep Rep Rep Rep Rep Rep Re	ILABLE PRIOR TO MPLETION OF CAUSI DEATH? YES 2 NO Number,
5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 DO 7. MANNER OF DEATH 1 Sturist 5 Pending Investigation 3 Suicide 6 Could not 4 Homicide determined	HOSPITAL: 1 Inpatient 2 ER/Out 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Spi IYSICIAN: To the best of my kno	y — At homa, farm, atre	28. PL DTHER: Nursing Hom DF 28c. INJ DIY M 1 1 1	ACE OF DEATH (CI	6 Other 28d. DE 281. LOC City at the case of time, date	PERFOR 1 YES 2 Per (Specify) SCRIBE HOW II CATION (Street & or Town, Stete)	NJURY OCCUI	AVACOOR COOR T 1 [RED Rep Rep Rep Rep Rep Rep Rep Re	ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO Number.
5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 DD 17. MANNER OF DEATH 1 Deftural 5 Pending Investigation of the control	HOSPITAL: 1 Inpatient 2 ER/Out 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Spi IYSICIAN: To the best of my kno	y — At homa, farm, atre	28. PL DTHER: Nursing Hom DF 28c. INJ DIY M 1 1 1	ACE OF DEATH (C/	6 Other 28d. DE 281. LOC City at the case of time, date	PERFOR 1 YES 2 Per (Specify) SCRIBE HOW II CATION (Street & or Town, Stete)	NJURY OCCUI	AVACOOR COOR T 1 [RED Rep Rep Rep Rep Rep Rep Rep Re	ILABLE PRIOR TO MPLETION OF CAUSI DEATH? YES 2 NO Number,
5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 ER/Out 280 DATE OF INJURY (Month, Dey, Year) 260 PLACE OF INJUR building, etc. (Sp IVSICIAN: To the best of my kno INER: On the besta of examinati	Partient 3 DOA 4 28b. TIME (INJUR Y — At home, farm, atmosphy) Wiedge, desth occurred on and/or investigation,	28. PL DTHER: Nursing Hom DF 28c. INI) NY M 1 1 1 Net, tectory, office at the time, date In my opinion, d	ACE OF DEATH (C/	6 Other 28d. DE 281. LOC City at the case of time, date	PERFOR 1 YES 2 Per (Specify) SCRIBE HOW II CATION (Street & or Town, Stete)	NJURY OCCUI	AVACOOR COOR T 1 [RED Rep Rep Rep Rep Rep Rep Rep Re	ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO Number,
5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 DID 7. MANNER OF DEATH 1 Visturel 5 Pending Investigation 3 Suicide 4 Homicide Could not a determined determined (Check only one) 2 MEDICAL EXAMINED AND TITLE OF CERTIFIER (Check only one) 2 MEDICAL EXAMINED AND TITLE OF CERTIFIER AND TITLE OF CERTIFIER AND TITLE OF CERTIFIER OF CERTIFIER AND TITLE OF CERTIFIER OF CERTIFIER AND TITLE OF CERTIFIER OF C	HOSPITAL: 1 Inpatient 2 ER/Out 280 DATE OF INJURY (Month, Dey, Year) 260 PLACE OF INJUR building, etc. (Sp IVSICIAN: To the best of my kno INER: On the besta of examinati	Partient 3 DOA 4 28b. TIME (INJUR Y — At home, farm, atmosphy) Wiedge, desth occurred on and/or investigation,	28. PL DTHER: Nursing Hom DF 28c. INJI WO M 1 1 1	ACE OF DEATH (CI	6 Other 28d. DE 281. LOC City at the case of time, date	PERFOR 1 YES 2 Per (Specify) SCRIBE HOW II CATION (Street & or Town, Stete)	NJURY OCCUI	AVACOOR COOR T 1 [RED Rep Rep Rep Rep Rep Rep Rep Re	ILABLE PRIOR TO MPLETION OF CAUSI DEATH? YES 2 NO Number,
5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 ER/Out 280 DATE OF INJURY (Month, Dey, Year) 260 PLACE OF INJUR building, etc. (Sp IVSICIAN: To the best of my kno INER: On the besta of examinati	Partient 3 DOA 4 28b. TIME (INJUR Y — At home, farm, atmosphy) Wiedge, desth occurred on and/or investigation,	28. PL DTHER: Nursing Hom DF 28c. INI) NY M 1 1 1 Net, tectory, office at the time, date In my opinion, d	ACE OF DEATH (CI	6 Other 28d. DE 281. LOC City at the case of time, date	PERFOR 1 YES 2 Per (Specify) SCRIBE HOW II CATION (Street & or Town, Stete)	NJURY OCCUI	AVACOOR COOR T 1 [RED Rep Rep Rep Rep Rep Rep Rep Re	ILABLE PRIOR TO MPLETION OF CAUSI DEATH? YES 2 NO Number,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG, NO.	
	1. Decedent's Name (First, Middle, Last) Lawrence 5. Therien 2. Date of Death Month 1 19591	3. TIME OF DEATH 10:23AN
1	223-03-8410 1 M 2 F 83 YRS, MONTHS DAYS HOURS MIN. (Mgnth, Day, Year) Country NAME (1907) RH	ODE ISLAN
B	98. FACILITY NAME (If not institution, give street and number) Memorial Hospital Easton Talbot	
DIREC		10d. INSIDE CITY LIMITS?
FUNERAL (1 YES 2 NO
BY FUNE	I I I I I I I I I I I I I I I I I I I	E — American Indian, t, White, etc.
COMPLETED	15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION 18b. KIND OF BUSINESS (INDUSTRY)	
BE COI	LAURA P. BARLOW	
7	P EDITH W. THERIEN 8991 QURIL RON RD ST. MICHAELS. 1	MD. 21643
	20a. METHOD OF DISPOSITION 1 Burlat 2/2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SPINATURE OF FUNERAL SERVICE LICENSEE 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) CAPITOL CREMATICRY 2/9, DOVER, D	
	22. NAME AND ADDRESS OF FACILITY HARRISEN E, LEONA'RD F, H. 312 S:TALBOT ST., ST. MICHAE	21663 LS, M.D.
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such se cerdiec or respiratory errest, shock, or heart failure. List only one caused on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) BUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Obsesse or	Approximate Interval Between Onset and Deeth Holder
SERTIFI	thet initiated evente resulting in deeth) LAST DUE TO (OR AS A CDNSEQUENCE DF):	
PHYSICIAN: MEDICAL (PART II. Other significant conditions contributing to death but not resulting in the underlying ceuee given in Part I. 24a. WAS AN AUTOPSY PERFORMED?	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? t YES 2 NO
SICIAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1	
- 14	W 1 Natural 5 Pringing	
TED BY	2 Accident Investigation	oute Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as atsted. MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a)	
TO BE CO	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 1296. DATE SIGNED 1// 2	
	WILLIAM H. WEED EASTON Md Z.	1601
	31. DATE FILED (Month, Day, Year) 32. REGISTRABIS SIGNATURE Grand Day doon-Panders	

	12		
		WT NOT AND	
12 W 1/20			

FOR

U, DALLINONE, MARTLAND ZIZIS-0020	vithin 24 nours after death. Page 6 may be retained by the hospital or attending physicia	yletely filled in by the funeral director, page 5 should be detached for use as the burial-t remation, or removal.	ent, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, F.O. BOX 88/80,	THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transite filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR		CERT	FICATE C	F DEATH	REG.	NO.	
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY YEAR	3. TIME OF DEATH
Vern	a Eliz	abeth	Taylo	r	11	5 91	10:45 AM
4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. last birthda			7. DATE OF BIRTH (Month, Day, Year	8. BIF	THPLACE (State or Foreign intry)
218-16-9709	1 □ M 2 ☒ F	90 YRS	MONTHS DAY	S HOURS MIN.	4-12-01	M.A	RYLAND
Sa. FACILITY NAME (If not institution, give str	reet and number)		9b. CITY, TOV	N OR LOCATION OF O	EATH	9c. COUNTY OF	DEATH
SALISBURY NURSING	HOME		SALIS	BURY, MD.	HOVE	WICOM	ICO
MD WICO		10c.	SALISBU				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
10e. STREET AND NUMBER 731 CAMDEN AVE.				101. ZIP CODE 2 180 1		10g. CITIZEN O	F WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Married 3 Never Merried 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 X NO	If yes	DECENDENT OF HISPA , specify Cuban, Mexic YES 2 NO Speci	an, Puerto Rican, etc.	St	ACE — American Indian, ack, While, etc. becity: VHITE
15. DECEDENT'S EDUC (Specify only highest grade	completed)	(Give kind	T'S USUAL OCCUP of work done during T use retired.)	ATION most of working	16b. KIND OF	BUSINESS/INOUSTRY	
Elementary/Secondery (0-12)	College (1-4 or 5+)	нои	SE WIFE			MESTIC	G Mins
17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Ma		207MAN
HICKS (UNK) BOZMA	N				-	() JONES 1	
19a. INFORMANT'S NAME (Type/Print)				eet and Number or Rural			
ROBERT O. WEBSTE				DE PINES		SBURY, MD	2 180 1
20s. METHOD OF DISPOSITION 1 N Burial 2 Cremation 3 Remo 4 Donation 5 Qiher (Specify)	oval from State	of cemetary, crema	ATE OF DISPOSIT tory or other place; S CHURCH	ION (Name) CEMETERY		EAL ISLAN	Town, State D, MARYLAND
23. PART i. Enfer the diseases, or c shock, or heert failure. I iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A. DUE TO (OR A. DUE TO (OR A.	S A CONSEQUENCES A CONSEQUENCES	50 po not enter the E OF):	A Cla	L RD SAI	LISBURY, I	Approximate intervel Between Onset and Deet
Sortation Cy Marile O Ameri	the to	High	Bloom	Pursu	7.4	REORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	8. PLACE OF DEATH (C	check only one)		
1 YES 2 NO	1 Inpatient 2 ER/O		A Nursing	Home 5 - Realdence			
27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a. DATE OF INJUF (Month, Day, Yea	(Y) 28b.	INJURY	WORK?	26d. DESCRIBE H	OW INJURY OCCURED)
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJU- building, etc. (S	JRY — At home, fa	rm, street, factory,	office	26f. LOCATION (S City or Town,	treet and Number or Ru State)	ral Route Number,
CONSCI. ONLY	CIAN: To the best of my kr						se(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NO	UMBER 190	29d. DATE SIG	NED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	DEATH (ITEM 27)	Type, Print)				100
EDDIE VELAZQUEZ,	M.D., 1104	HEALTH	WAY DRIV	E, SALISB	URY, MD.	21801	
31. DATE FILED (Month, Day, Year) NOV 0 7 1991	32. REGISTRAR'S S	- Andelle					

NOV 0 7 1991 Statute These

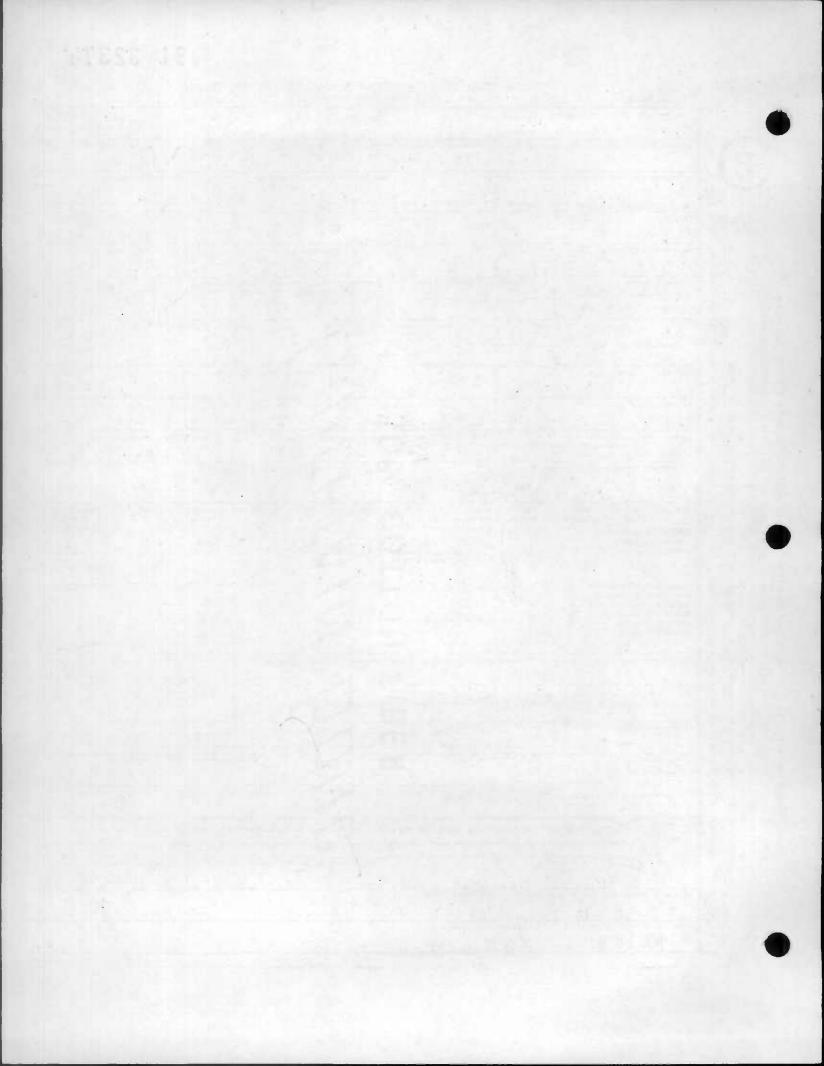
STEPHEN ALETZ 31. DATE FILED (Month, Day, Year) NOV 18'91

32. REGISTRAR'S SIGNATURE

1825

N	1. DECEDENT'S NAME (First, Middle, Las		Anna Si	donie	TAUT	E			2. DATE MONT	of DEATH 11-16-9	91	YEAR	3. TIME OF DEATH 7:10 am
	4. SOCIAL SECURITY NUMBER 214-46-5402	5. SEX 1	6. AGE (In yrs. 104		IF UNDER	DAYS	IF UNDER	MIN.	Sep	of BIRTH h, Day, Year) .23,18	87	Ger	many
стоя	96. FACILITY NAME (If not institution, give Homewood Retire	ment Cent	er		Wil	liar	nspoi	rt	EATH		Wash		
L DIRECTO	Maryland Wash	nington			v, town o	urg	ZIP COD				Lan OUTE	EN OF W	10d. INSIDE CITY LIMITS? 1 YES 2 NO WHAT COUNTRY?
FUNERAL	133 E.Main St.					101.		782				SA	HAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced		NT EVER IN U.S., 1 YES 2 X WAR OR DATES	ARMED NO	1	f yee, spi	ecity Cube		n, Puerto	N? (Specify Yea Ricen, etc.)	or No	14. RACE Black Specifi Whi	- American Indian, White, etc.
LETED	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondery (0-12)			DECEDENT'S (Give kind of life. Do NOT u	work done o	during mo	ON st of worki	ing	168	. KIND OF BU		JSTRY	
E COMP	17. FATHER'S NAME (First, Middle, Last) Julius	George		Glaes		е		THER'S NA		Hoi Middle, Malden Tusta	Surname)	n Kh	ober
TO B	190. INFORMANT'S NAME (Type/Print) Carl M. Taute, Jr	•					nd Numbe	r or Rural	Route Num	anside	n, State, Zip	Code)	
	20e. METHOD OF DISPOSITION 1 IX Buriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)		20b. PLAC other Anti	etam	Natio	nal	Ceme	eter	-	Sha	rpsbu		wn, State ID 21782
	·Megrotth.	Oslaw_						UNER 348		OME liamsp	ort,M	D 21	795
	23. PART i. Enter the diseases, o	r compilcations the	at caused the	death Do									
	IMMEDIATE CAUSE (Final disease or condition reaulting in death)	a. List only one cs	UTTO	Ino.	OCA				1	ARCTT		eat,	Interval Betw
ITIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. OVE TO	UTT O (OR AS A CONS	SEQUENCE O	OCA 17: 105	Die			1			eat,	Interval Betw
L CERTIFICATI	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. OVE TO	USE ON EBEN III	SEQUENCE O	OCA 19: 105 19:	nd)	CAL		lup.	AR CTI	AUTOPSY		Onset and D
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CIAN: MEDICAL CERTIFICATI	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions and the condition of the condition o	a. OUE TO b. DUE TO c. DUE TO d. One contributing to	USE ON EACH III	SEQUENCE O	OCH FI:	CS derlying	g cause	given In	Part I.	24e, WAS AN PERFOI	A AUTOPSY RMED?		Interval Betwoonset and D
Y PHYSICIAN: MEDICAL CERTIFICATI	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are sufficient conditions. If yes 2 NO 27. MANNER OF DEATH 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	a. DUE TO b. DUE TO d. One contributing to HOSPITAL: 1 Inpattent 2 28e. DATE O (Month,	USE ON EACH II	SEQUENCE O	OTHER	28. PL	g cause	given in	Part I.	240. WAS AMPERFOI	AUTOPSY RMED?	24b.	Interval Betwoonset and D
TED BY PHYSICIAN: MEDICAL CERTIFICATI	IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions are suiting in death and conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	b. DUE TO c. DUE TO d. One contributing to HOSPITAL: 1 Inpatient 2 280. DATE O (Morth), 1 280. PLACE building	USE ON EACH II	SEQUENCE OF TRANSPORTER OF THE PROPERTY OF THE	OTHER	28. PI 3: sing Hom 1 U	g cause LACE OF E THE STATE AT THE STATE A	given in	Part I.	24e. WAS AN PERFOI	AUTOPSY RIMED?	24b.	WERE AUTOPSY FINO AMAILABLE PRIOR DO OF DEATH? 1 YES 2 NO
D BY PHYSICIAN: MEDICAL CERTIFICATI	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions and investigations are conditionally conditionally conditions. It is a conditionally conditio	B. DUE TO C. DUE TO d. One contributing to The contributing to DUE TO DU	USE ON EACH II	SEQUENCE OF SEQUEN	OTHER A DATE 28. PL 3: sing Hom 28c. (N) 1 vory, office	g cause ACE OF E WRY AT WRY 2 G end place	given In DEATH (Chi desidence NO	Part I. Part I. 6 Oth 28f. LO City	24e. WAS AN PERFOIL 1 YES : 1 YES : CATION (Street or Town, Stete	AUTOPSY RMED? AND NO STATE OF	24b. SURED or Rural F	WERE AUTOPSY FIND AWAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO	

Anansrown, Wy 2016



	1. DECEDENT'S NAME (First, Middle, Last)							DATE OF DEATH	AY	YEAR	3. TIME OF DEATH
	ZETTIE				VANCE	3		November			8:45 A
*	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (in yrs. 90)		IF UNDER 1 YE		ras. 7.	DATE OF BIRTH (Month, Day, Yeer)		8. BIRTH Country	PLACE (State or Foreign
1	214-52-2141 99. FACILITY NAME (If not institution, give	1 M 2 F		YRS.				IIII.Y 9	901		WWA
/h					9b. CITY, TO	WN OR LOCATION	OF DEATH		9c. COU	NTY OF DE	
16:	Memorial Hospita	1			Cumb	erland			A1	legar	ny
DIRECTO	10e. STATE 10b. COUNT			10c. CIT	Y, TOWN OR L	OCATION					10d. INSIDE CITY
Ö	LENNA. BE	EDFORD		CLE	ARVILL	E					LIMITS?
I A L	10e. STREET AND NUMBER	4 2				10f. ZIP CODE			10g. CITI	ZEN OF W	HAT COUNTRY?
FUNERAL	RFD#	3				155	35			U.	.S.A.
5	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDEN FORCES? 1	YES 2	ARMED	13. WAS	DECENDENT OF H	SPANIC (ORIGIN? (Specify Yas	or No-	14. RACE Bleck	- American Indian, White, etc.
8	3 Wildowed 4 Divorced	IF YES, GIVE Y	WAR OR DATES		10		Specily:			Specif	
	15. DECEDENT'S EDU	JCATION	16a.	DECEDENT'S	USUAL OCCU	PATION		16b. KIND OF BUS	SIMESC /IME	LICTBY	WILLE
	(Specify only highest grade Elementary/Secondery (0-12)	completed) College (1-4 or 5		(Give kind of a life. Do NOT us	work done durin	ng most of working		TOD. KIND OF BO.	JIME 33/INL	OSTRY	
AP.	8	9-11-10-10-1		HOUSEV	TTF			Hous	E KEI	EPER	
COMPLETE	17. FATHER'S NAME (First, Middle, Last) ADDISON LO	NC				18. MOTHER	S NAME (First, Middle, Maiden			
III III		NG					CALL	IE E. A	RBOGA	ST	
TO BI	19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (St	reet and Number or F	Rural Route	Number, City or Tow	n, Stete, Zip	Code)	
	GENE VANCE			RFD#	3 BO	X# 310	CLE	ARVILLE	DEMN	ICVI	ANTA 15525
	20e METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Ram	noval from State		CEAND DATE (OF DISPOSITIO	N (Name of		DATE 20c. LO	CATION -	Cify or Toy	wn, State
	4 Donation 5 Other (Specify) 21. SIGNATU = 0 FUNERAL SERVICE LI	CENDER . A	MT.		CEME	TERY NO		1991 6	HANFY	SVII	LE PA.
	ZI. SIGNATULE PONEHAL SERVICE LI	W M <	1	-		ERRITT—AI		Y			111.
1	Rale	x . 1161	La. PA		7.77	SULTITUE AL	JAMS	FUNERA	L HO	ME	
	23. PART I. Enter the dieasee, or shock, pr heert fellure. IMMEDIATE CAUSE (Final disease or condition progress)	complications the List only one cau	t ceused the	deeth. Do r	not enter the	mode of dying,	מזזיף	CODETER	CUM ratory err	T	Approximete intervel Betwae
	IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente	eDUE TO bDUE TO c	(OR AS A CONS	SEOUENCE OF	not enter the	mode of dying,	מזזיף	CODETER	CUM ratory err	T	Approximete intervel Betwae
ERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury	eDUE TO bDUE TO c	(OR AS A CONS	SEOUENCE OF	not enter the	mode of dying,	מזזיף	CODETER	CIIM ratory err	T	Approximete Intervel Betwae
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if erry, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in deeth) LAST	e. DUE TO b. DUE TO c. DUE TO d.	(OR AS A CONS	SEQUENCE OF	not enter the	node of dying,	ATIIR euch as	STREET cerdiec or reepi	ratory err	BFPI.	Approximete Intervel Betwee Oneet end Dee
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MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in deeth) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	e. DUE TO b. DUE TO c. DUE TO d.	(OR AS A CONS	SEOUENCE OF	not enter the	mode of dying,	euch as	CERTET cerdiec or reepi	AUTOPSY MED?	BPDT sest,	Approximete Intervel Betwee Oneet end Deet WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?
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BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if erry, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury thet initiated evente resulting in deeth) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	e. DUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpetial: 2 28e. DATE OF	(OR AS A CONS (OR AS A CONS (OR AS A CONS death but not ER/Outpetient INJURY 19/, Year)	SEOUENCE OF SEOUENCE OF t resulting i	ont enter the	iying ceuse gives 8. PLACE OF DEATH Home 5 Raelde INJURY AT WORK? YES 2 NO	n In Part	CTREET cerdiec or reepi 1. 24e. WAS AN PERFOR 1 YES 2	AUTOPSY MED?	BPDT sest,	Approximete Intervel Betwee Oneet end Deet WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?
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D BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in deeth) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TIPLE OF CERTIFIER	e. DUE TO b. DUE TO c. DUE TO d	(OR AS A CONS (OR AS A CONS (OR AS A CONS (OR AS A CONS death but not ER/Outpetient INJURY ay, Year) F INJURY — At I etc. (Specify) my knowledge, camination end/o	SEOUENCE OF SEOUENCE OF t resulting i 28b. TiMi INJ home, term, a death occurre	ont enter the content of enter	iying ceuse giver B. PLACE OF DEATH Home 5 Raelder INJURY AT WORK? YES 2 NC office	euch as euch a	CATRETT Cerdiec or reepi	AUTOPSY MED? NO NJURY OCC and Number ner ea state d due to the	24b.	Approximete Intervel Betwee Oneet end Deet WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated evente resulting in deeth) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation investigation as United to determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TIPLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WH	e. DUE TO b. DUE TO c. DUE TO d	(OR AS A CONS (OR AS A CONS (OR AS A CONS (OR AS A CONS death but not ER/Outpetient INJURY ay, Year) FINJURY — At I etc. (Specify) my knowledge, camination end/o	SEOUENCE OF SEOUENCE OF t resulting i 3 DOA 28b. TIMI INJ home, term, a death occurre or investigation	other the	iying ceuse gives 8. PLACE OF DEATH Home 5 Raelde INJURY AT WORK? YES 2 No office date and place, and on, death occurred at 29c. LICENSE D 1792	euch as euch a	CTREET cerdiec or reepi 1. 24e. WAS AN PERFOR 1 YES 2 Other (Specily) DESCRIBE HOW II City or Town, State)	AUTOPSY MED? NO NJURY OCC and Number ner ea state d due to the	24b.	Approximete Intervel Betwee Oneet end Deel Oneet end Oneet en
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in deeth) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TIPLE OF CERTIFIER	e. DUE TO b. DUE TO c. DUE TO d	(OR AS A CONS (OR AS	SEOUENCE OF SEOUENCE OF t resulting I	other the	iying ceuse giver B. PLACE OF DEATH Home 5 Raelde INJURY AT WORK? YES 2 NC office date and place, and on, death occured at	euch as euch a	CTREET cerdiec or reepi 1. 24e. WAS AN PERFOR 1 YES 2 Other (Specily) DESCRIBE HOW II City or Town, State)	AUTOPSY MED? NO NJURY OCC and Number ner ea state d due to the	24b.	Approximate Intervel Betwee Oneet end Deel Oneet end One

fter death. Page 6 may be retained by the hospital or attendi	5 should be detached for use as t	notified at once.	
d within 24 hours after death. Page 6 may b	ompletely filled in by the funeral director, pag I, cremation, or removal.	event, the medical examiner must be	
requires that the death certificate be executed	been signed by the attending physician and co of Health and Mental Hygiene prior to burial.	shows any injury, or other traumatic e	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attends	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	, Middle, Last)					E OF			2. DATE	OF DEATH			3. TIME OF DEATH
FAYE		Ellen				VANI	N		OCE	ober	29,	1991	6:00
4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs.		IF UNDE	DAYS	IF UNDER	24 HRS.		OF BIRTH , Day, Year)		6. BIRTH	IPLACE (State or Forei
232-60-8204		1 M 2 X F	52	YRS.					May	1,193	39		, ginia
9a. FACILITY NAME (If not in						Y, TOWN C		ON OF D	EATH		9c. COU	NTY OF D	EATH
Memorial Ho		L			Cu	mberl	Land				A.	Llega	any
10a. STATE	10b. COUNTY	Y		10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY
WV	era1			Key	yser			1		LIMITS?			
10e. STREET AND NUMBER							. ZIP CODI	E			10g. CIT	IZEN OF V	VHAT COUNTRY?
91 Second S	treet						26726	5			II	S.A.	
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S.	ARMED	13.	WAS DEC	ENDENT O	F HISPA	NIC DRIGIN	? (Specify Ye	a or No—	14. RACE	- American Indian
1 X Never Married 2 3 Street Widowed 4 Divo		IF YES, GIVE V	AR OR DATES	-3/10		1 YES		n, Maxica Specif	an, Puarto F fy:	ilcan, atc.)		Speci	while, alc. White
15. DEC	EDENT'S EDUC	CATION (Completed)	16a.	DECEDENT'S					16b.	KIND OF BU	ISINESS/IND	USTRY	
Elamentary/Secondary (0		College (1-4 or 5	-)	(Give kind of v life. Do NOT us	e retired.)	dunnig mo:	st of workin	9					
12th		2	A	ssess	or C	lerk				county	Gove	ernme	ent
17. FATHER'S NAME (First, M				9 9 1			16. MOTH	HER'S NA	ME (First, A	liddle, Meider	Surneme)		
David E. Va									Mil1				
190 INFORMANT'S NAME (1 Elizabeth R		an	19b. MAILING ADDRESS (Street and Number or Rural Route Nu 88 Second Street, Keyser,								Code)		
20a. METHOD OF DISPOSIT		all						кеу	ser,	WV 2	6726		
X Burial 2 Crematic	n 3 🗆 Remo	oval from State		CEAND DATE (me of		DATE	20c. LC	OCATION -	City or To	wn, State
4 Donation 5 Other			Que	ens Po						191 Ke	yser	WV	26726
21. SIGNATURE OF FUNERA	L SERVICE LIC		, ,			NAME AN				Funer	- 1 II-		
Harry	Ma	n Not	surge							, Key			26726
23. PART I. Enter the di	seeces, or c	complication the	caused the	deeth. Do n	ot ente	r the mo	de of dyl	ng. euc	h ee cerd	ec or resp	iretory an	W.V.	26726
ehock, or hi	our randie.	List only one ceu	se on each ii	Πe.	1								intervel Bety
disease or condition		/	ulu	. 1	Yn	ni-	7						Onaet and D
resulting in death)		DUE TO	OF AS A COM	SHOURNCE OF	2.	1		-					
	-	1	Mison	col	1	1/	1/04	ils	_				
Sequentielly list conditi if any, leeding to imme-		DAE TO	on AS A CONS	REQUENCE OF	3.6	CAR	Year	_	-0				
ceuse. Enter UNDERLY	NG	. 1	114	mi			//						
CAUSE (Diseese or injuthet initiated events		MUE TO	OH AS A CONE	EQUENCE OF	91	- (1		-				
resulting in deeth) LAS	T												
PART II Other elemities	nt condition												
PART II. Other eignifice	nt conditions	s contributing to	death but no	t resulting i	n the u	nderlying	ceuse g	jiven in	Pert i.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDS
										1 TYES	Z NO		COMPLETION OF CAU OF DEATH?
													1 _ YES 2 _ NO
5. WAS CASE REFERRED TO EXAMINER? ROLL	MEDICAL	HOSPITAL:			07111		ACE OF DE	EATH (Ch	eck only one)			
1 X) YES 2 10		1 Xinpatiant 2	ER/Outpetlant	3 🗆 DOA	OTHE 4 Nu		5 🗆 Re	sidenca	6 🗌 Other	(Specify)			
7. MANNER OF DEATH	Pending		28s. DATE OF HUJURY 28s. TIME OF 28s. HUJURY AT 28s. DESCRIBE HOW HUJURY OCCURED WORK?										
	investigation				M	101	ES 2	NO.					
	Could not be betermined	28s. PLACE O building.	F INJURY — Az I etc. (Specify)	boms, farm, s	met, fac	tery, office			28f. LOCA	TRON (Street -	and Number	or Runal A	trutte Munther
+ 1") trauscine	paterinined.			11.57					35003				
	-			Charles and Contract	GOSTO DE	O BURGOS	II Three own	2007	and when the	HILLOW COMMO	DIO CONTRACT		
(Check any	DAING SULANIC	CIAM: To the best of	my sylciwindge,	death occurre	id at the	time, date:	and place.	and due	to the caus	em bon (z)ee	nner se stat	nd.	
(Check any		CLAM: To the best of B: On the beats of ex-											and manner as state
(Cruck any 1 2 CEN)	ght ekamines	n On the beats of ex					with occurs	ed at the	tima, date		nd due to th	e cause(x)	and manner as state
	ght ekamines	n On the beats of ex						ed at the MSE NUM	tima, date		nd due to th	e cause(x)	and marrier so state (Approx. Day, Mar)
(Check any													and manner

Dr. Samuel Harshberger 925 Seton Drive Cumberland, MD 21502
31. DATE FILED (Month. Day, Year) 32. REGISTRAR'S SIGNATURE

OHMH-16 Rev 1/89

	the hos	detach		once.
	ID THE HUSH IAL OH AT TENDING PHYSICIAN. THE TAW REQUIRES THAT THE DESCRIPTION OF EXECUTED WITHIN 24 HOURS After DESCRIPTION PAGE 6 May be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	e ret	5 5		not
	ay b	pag		t be
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	death.	e funera	T.	exami
	after	by th	MOVA	Eal
	OURS	in i	or re	ned
1	N 24 P	ly filler	ation, (the
	IUII/M DI	omplete	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	event,
	ecute	nd oc	buria	atic
1	De ex	cian a	or to	Janu.
1	Care	physi	ing ar	er tr
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	REGISTRAR	CERTIF	ICATE OF DEATH	H REG	NO.				
	1. DECEDENT'S NAME (First, Middle, Lest) BERNARD JOHN	VINCEN	T	2. DATE OF DEA MONTH NOVEMBI	гн	3. TIME OF DEATH 22:30 M			
	4. SOCIAL SECURITY NUMBER 5. SEX 219-28-4363 1½ M 2 🗆 F	6. AGE (In yrs. last birthday) 58 YRS.	IF UNDER 1 YEAR IF UNDER 24 MONTHS DAYS HOURS		H ar)	8. BIRTHPLACE (State or Foreign Country) MARYLAND			
OR	99. FACILITY NAME (If not institution, give street end number) CALVERT MEMORIAL HOSPITAL 99. CITY, TOWN OR LOCATION OF DEATH PRINCE FREDERICK, MD 9c. COUNTY OF DEATH CALVERT								
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY								
L DIRECTOR	MARYLAND ST.MAR		CHARLOTTE HA	ALL		10d. INSIDE CITY LIMITS? 1 YES YNO			
FUNERAL	RT.#2 BOX 5		101. ZIP CODE	0622		S.A.			
BY FU	IF YES, GIVE	NT EVER IN U.S. ARMED 1 [X] YES 2 □ NO WAR OR DATES 1 0 F 2 1 0 F F	13. WAS DECENDENT OF If yea, specify Cuban, t ☐ YES 2 ☑ NO	Maxican, Puarto Rican, al-	ly Yea or No—	14. RACE — American Indian, Bleck, White, atc. Specify:			
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	1953-1955 18a. DECEDENT'S (Give kind of	USUAL OCCUPATION work done during most of working se retired.)	16b. KIND O	F BUSINESS/INDU	WHITE			
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5 GED CERTIFICATE	+1	so retired.) E MANAGER	REC	OVERY	PROGRAM			
8	17. FATHER'S NAME (First, Middle, Last)		18. MOTHE	R'S NAME (First, Middle, M.	aiden Sumame)				
B	HARRY VINCENT 19a. INFORMANT'S NAME (Type/Print)	19b. MAIL INC	JUI ADDRESS (Street end Number or	NE OLIVER	To Change				
2	MARCUS BROOKBANK		2 BOX 5 CHAI						
	20e. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Removal from State 4 Donetion 5 Other (Specify)	20b. PLACE AND DATE cemetery crematory or of MARYLAND	OF DISPOSITION (Name of their place) THE STATE OF THE ST	ERY1 1 - 1 4 -	c. LOCATION — CI	Ity or Town, State LTENHAM, MD.			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	7 1	22. NAME AND ADDRESS	OF FACILITY					
	23. PART i. Enter the diseases, or complications the	- l	AREHART FI	JNERAL HU	ME, INC	•			
	iMMEDIATE CAUSE (Fine)	P : 1				interval Between Onset and Death			
	resulting in death) e. Liver	O (OR AS A CONSEQUENCE O	F):			4 days			
NOIL	sequentially liet conditions, Due to (or as a consequence of): Sequentially liet conditions, Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):								
CERTIFICATION	Couse. Enter UNDERLYING CAUSE (Disease or injury that initiated evente DUE TO (OR AS A CONSEQUENCE OF):								
CERT	resulting in deeth) LAST								
EDICAL	PART II. Other eignificant conditions contributing to	death but not resulting			S AN AUTOPSY REORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
	spontaneous ha			1 🗆 YE	S 2 -NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL								
SICI	EXAMINER? HOSPITAL:	☐ ER/Outpatient 3 ☐ DOA	28. PLACE OF DEAT						
H H	27. MANNER OF DEATH 28s. DATE OF	F INJURY 286. TIM				RED			
BY F	1 Netural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation M 1 YES 2 NO								
TED	3 Suicide 8 Could not be 4 Homicide determined 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the beat of a mEDICAL EXAMINER: On the beet of a	f my knowladga, death occurre	od at the time, date end place, an	d due to the cause(a) and	menner as stated	1.			
	29b. SIGNATURE AND TITLE OF CONTINEER	0/1	29c. LICENS			SIGNED (Month, Day, Year)			
TO BE	ymatt	Fees		Jrave.i	> //	[13/4/ A			
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAU JONATHAN K. FEARS, M.D.		Print) INCE FREDERICE	K, MD	20678				
	31. DATE FILED (Month, Day, Year) 32. REGISTRA	AR'S SIGNATURE	indo Da						

	sit permit. Page	1
urs after death. Page 6 may be retained by the hospital or attending physician.	in by the funeral director, page 5 should be detached for use as the burial-tran removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
thin 24 40	etely filled emation, or	nt, the m
xecuted wi	and comple burial, cre	natic ever
ficate be e	physician ne prior to	her traun
death certi	attending ental Hygie	ry, or ot
s that the o	ned by the ith and Me	any Inju-
w requires	pt. of Hea.	3 shows
IAN: The la	rtificate has re State De	or item 2
G PHYSIC	er this cen	narked,
ATTENDIN	S after dea	28 is m
PITAL OR	ERAL DIRE	T: If item
	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Page held within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunial, cremation, or removal.

STATE OF MARYLAN	D / DEPARTMENT	OF HEALTH AND	MENTAL HYGIENE
	CERTIFICATE	OF DEATH	REG. NO.

1 - STATE REGISTRAR	C	ERTIFICATI	E OF DEATH	REG. NO.				
1. DECEOENT'S NAME (First, Middle, Last)		10		2. DATE OF DEATH MONTH DA	AY YEAR	3. TIME OF DEATH		
Roger Eugene Wi	lson	110		November 3		2:40Am		
4. SOCIAL SECURITY NUMBER -2 +4-12-6635	5. SEX 1 M 2 F 7 7	YRS. IF UNDER	A 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT Coun	HPLACE (State or Foreign		
99. FACILITY NAME (If not institution, give street end number) 99. CITY, TOWN OR LOCATION OF DEATH Went & Queen Anne County Hospital INC. Chestertown, Md Kent								
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	CENT	10c. CITY, TOWN	OR LOCATION HA	11,		10d, INSIDE CITY LIMITS? 1 YES 2 NO		
10e. STREET AND NUMBER	7#		101. ZIP CODE	1	10g. CITIZEN OF	WHAT COUNTRY?		
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS OECEDENT EVER IN U.S. AI FORCES? 1 TYES IF YES, GIVE WAR OR DATES		WAS DECENDENT OF HISPA If yes, specify Cuben, Maxico 1 YES 2 NO Specif	en, Puerto Ricen, etc.)	or No— 14. RAC Blee Spe	E - American Indian, ck, White, etc.		
15. DECEDENT'S EOUC (Specify only highest grade of Elementery/Secondery (0-12)	completed) ((Give kind of work done to NOT use retired.)	during most of working	19b. KIND OF BU	ARIO	35		
17. FATHER'S NAME (First, Middle, Last)	s Wil	SON	18. MOTHER'S NA	AME (First, Middle, Melden	Surname) R	nwa		
190. INFORMANT'S NAME (Type/Print)	: W! So. St. "	96. MAILING ADDRES	S (Street and Number or Rural	Route Number, City or Tow	rn, State, Zip Code)	21661		
20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Remo		place) a	eme of cemetery, crematory or	0	CATION - City or T	Town, State Md		
21. SI MATURE ON FUNERAL SERVICE LIC	The Wall	22	NAME AND ADDRESS OF FA	TERTO	51. M	8		
IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONSE	Obstruct EQUENCE OF):	an' 00	mary o	e) rocare	Onset and Da		
PART II. Other significant condition	d,	resulting in the u	inderlying cause given in	Part I. 24a. WAS AN PERFO	RMEO?	Ib. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUS		
3 Cancer of	Ha Heart	Disea adden	re			OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 Pinpatient 2 ER/Outpatient	OTHE	26. PLACE OF OEATH (C					
27. MANNER OF DEATH	28e, OATE OF INJURY	28b. TIME OF	28c. INJURY AT	28d. OEŞCRIBE HOW	INJURY OCCURED			
1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY M	WORK? 1 YES 2 NO	Oct LOOKTON (Construct Number of Real Number				
3 Suicide S Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, Stete)								
(Oracle Oray	CIAN: To the bast of my knowledge, on the basic of examination and/o					e(e) end menner as state		
29b. SIGNATURE AND TITLE OF CERTIFIER	R		29c. LICENSE NU	JMBER	29d. OATE SIGNE	EO (Month, Day, Year)		
Phl. alum	, MD		22131	3	11/4	191		
30. NAME AND ADDRESS OF PERSON WH	o COMPLETEO CAUSE OF DEATH (IT		estertoure,	md 21	620.			
31. DATE FILED (Month, Day, Year)	32. REGISTRAP'S SIGNATURE		2.					

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR- After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 she he filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 Is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIEN REG. NO.	E	
1	1. DECEDENT'S NAME (First, Middle, Last)	ELLIS	И	VARD		2. DATE OF OEATH MONTH	YEAR 1991	3. TIME OF DEATH 5:30 A M
)	4. SOCIAL SECURITY NUMBER 577-07-1/59 98. FACILITY NAME (It not institution, give s	1 M 2 F F	YRS. MO	. CITY, TOWN OF	HOURS MIN.		9c. COUNTY OF	VA. DEATH
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	RSING CENT		LEON.	ARDTOU		ST /	MACYS Tod, INSIDE CITY
	MD. ST.	MARY	4	NARD			100 CITIZEN OF	LIMITS? 1 YES 2 NO WHAT COUNTRY?
FUNERAL	CEDAR LANE		(232	2	20652		V.	SA.
B	11. MARITAL STATUS 1 Never Merried 2 M Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 X NO		olfy Cuban, Mexican	IC ORIGIN? (Specify Yat n, Puerto Rican, etc.)	Sp	CE — American Indian, aick, Whita, etc. ocity: UHITE
COMPLETED	15. DECEDENT'S EOU (Specify only highest grade Elamentery/Secondary (0-12)	CaTION o completed) Callege (1-4 or 5 +)	Give kind of work	done during mos	N t of working		NAL A	RCHIVES
BE COM	17. FATHER'S NAME (First, Middle, Lest) ROBERT LE	E ELLIS			ELIZA	ME (First, Middle, Malden	YNDON	
10	CARL LEO WAR		CEDAR	LANE	APTS B	7	EONARD	TOWN, MD.
	20a. METHOD OF DISPOSITION 1 Burlat 2 Cremetion 3 Rem 4 Donatton 5 Other (Specify)	noval from State of o	PLACE AND DATE OF CEMERATY, Crematory or SEE CREM	other place) 1 A TORY		CLI	NTON — City or	
	21. SIGNATURE OF FUNERAL SERVICE LI	Landiner		MAT		Y-GARDINE NARDTOWN		PAL HOME 20652
	23. PART I (Enter the diseases, or ehock, or heert fellure. IMMEDIATE CAUSE (Finei disease or condition resulting in deeth)	e. Conge	ach line.	Heav	. 0	h aa cardiac or resp	Iratory arrest,	Approximate Interval Between Onset and Deeth
CERTIFICATION	Sequentielly list conditions, if eny, leeding to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in deeth) LAST		CONSEQUENCE OF):	beto	Mel	llitus		
S S	PART II. Other significent condition	ns contributing to death b	ut not resulting in t	the underlying	cause given in	Pert i. 24s. WAS AN PERFO	RMEO?	Ab. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	ACE OF OEATH (Ch			
	27. MANNER OF DEATH 1 Metural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME C	OF 28c. INJU	JRY AT	6 Other (Specify) 28d. DE\$CRIBE HOW	INJURY OCCUREO	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE OF INJURY building, etc. (Spec		et, factory, office		281. LOCATION (Street City or Town, State		al Route Number,
COMPLETED	one)	SICIAN: To the best of my know ER: On the basis of examination						e(a) and menner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	B. HW	5_		29c. LICENSE NUI D 334		29d. DATE SIGN	ED (Month, Day, Year)
10	DR. BHASKER	JHAVERI	SHAK	VTI CE	NTER I	LEONARDTO	own, M	D 20650
	NOV 18 91	32. REGISTRAR'S SIGN Graha Daydoo	ATURE andale				Wi-ti	

CAND LES MARS LE CONTRACTOR DE LA CONTRA
Compact Threet, Sweetser Land Land

20650

PHYSICIAN: MEDICA

BY

COMPLETED

BE

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REGISTRAR			(CERTIF	ICATE	OF	DEATH		YGIEN EG. NO.			
		WELSH	ł							2,1	991°	3. TIME OF DEATH 7:15 P
4. SOCIAL SECURITY NUMBER 218-20-0775	4	5. SEX 1 💢 M 2 🗌 F	6. AGE (In yrs. 64	last birthday) YRS.	1		IF UNDER 24 HRS. HOURS MIN.	(Month, Da	y, Year)	192	Coun	HPLACE (State or Foreign try) W JERSEY
BOAT IN POTON	IAC I							EATH				
10e. STATE	lob. COUNTY											10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 809 FULTON AV	ÆNUE											WHAT COUNTRY?
11 47		FORCES? 1 IF YES, GIVE V	YES 2	ARMED NO	H.	yes, sp	ecify Cuben, Mexica	en, Puerto Ricer	pecify Yes n, etc.)	or No—	Spec	CE — American Indian, ck, White, etc.
(Specify only i	nighest grade	completed)		(Give kind of tite. Do NOT u	work done du se retired.)							'ANY
JOSEPH MII	LTON	WELSH					18. MOTHER'S NA				FROT	H
PATRICIA RUTI	WELS	SH		809 F	ULTON	AV.	ENUE, FA		URCH	, VI	RGIN	
1 St Burial 2 Cremetion 4 Donetion 5 Other (S	3 🗌 Rem (pecify)		of cemet	ary cremator	y or other pla	Ce)	PARK	DATE				
Michae	ERVICE LI	Gnolin	2		MAT	rin	GLEY-GAR	DINER				•
iMMEDIATE CAUSE (Fina disease or condition reculting in death) Sequentielly list condition if eny, leeding to immediate ceuse. Enter UNDERLYIN	ns, ata	a. Due to	OR AS A CONTOR AS A CONTOR AS A CONTOR	SEQUENCE C	not enter the		de of dying, euc	ch es cardiec	or reep			Approximete Intervel Betwee Onset and Deat
	ROBERT EI 4. SOCIAL SECURITY NUMBER 218-20-0775 99. FACILITY NAME (If not instited and instited devents in the second and instited and instituted and	4. SOCIAL SECURITY NUMBER 218-20-0775 9e. FACILITY NAME (II not institution, give s BOAT IN POTOMAC RESIDENCE OF DECEDENT 10e. STATE 10e. STATE 10e. STREET AND NUMBER 809 FULTON AVENUE 11. MARITAL STATUS 1 Never Merried 2 Merried 2 Midowed 4 Divorced 15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondery (0-12) 12TH GRADE 17. FATHER'S NAME (First, Middle, Last) JOSEPH MILTON 19e. INFORMANT'S NAME (Type/Print) PATRICTA RUTH WELL 20e. METHOD OF DISPOSITION 1 Seuriel 2 Cremetion 3 Rem 4 Donetion 5 Other (Specify) 11. SENATURE OF FUNERAL SERVICE LIE 22. PART I, Enter the diseases, or ehock, or heart failure. IMMEDIATE CAUSE (Final disease or condition reculting in death) Sequentielity list conditions, If enty, leading to immediata ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	ROBERT EDWARD WELST 4. SOCIAL SECURITY NUMBER 5. SEX 218-20-0775 90. FACILITY NAME (If not institution, give street and number) BOAT IN POTOMAC RIVER RESIDENCE OF DECEDENT 100. STATE 100. COUNTY VIRGINIA FAIRFAX 100. STREET AND NUMBER 809 FULTON AVENUE 11. MARITAL STATUS 1 Onewer Merried 2 Merried 1 FYES, GIVE WORLD WA 1 Never Merried 2 Merried 1 FYES, GIVE WORLD WA 1 Never Merried 2 Merried 1 FYES, GIVE WORLD WA 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4 or 5-12 TH GRADE 17. FATHER'S NAME (First, Middle, Last) JOSEPH MILTON WELSH 190. INFORMANT'S NAME (Type/Print) PATRICIA RUTH WELSH 200. METHOD OF DEPOSITION 11. SENATURE OF FUNERAL SERVICE LICENSE 22. PART I FIRST THE diseases, or complications the ehock, or heart failure. Liet only ona certification reculting in death) Sequentiely list conditions, if enzy, leading to immediata ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	ROBERT EDWARD WELSH 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. 218-20-0775 9. FACILITY NAME (If not institution, give street and number) BOAT IN POTOMAC RIVER RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY VIRGINIA FAIRFAX 10e. STREET AND NUMBER 809 FULTON AVENUE 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondery (0-12) 12TH GRADE 17. FATHER'S NAME (First, Middle, Last) JOSEPH MILTON WELSH 19e. INFORMANT'S NAME (Type/Print) PATRICTA RUTH WELSH 20e. METHOD OF DISPOSITION 1 PATRICTA RUTH WELSH 21. METHOD OF DISPOSITION 22. PART I FIRST ARM SERVICE LICENSE 23. PART I FIRST The diseases, or complications that caused the shock, or heart fallure. Liet only ona cause on each is shock, or heart fallure. Liet only ona cause on each is shock, or heart fallure. Liet only ona cause on each is shock, or heart fallure. Liet only ona cause on each is shock, or heart fallure. 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WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 PYES 2 NO IF YES, GIVE WAR OR DATES WORLD WAR II 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12TH GRADE 17. FATHER'S NAME (First, Middle, Last) JOSEPH MILTON WELSH 190. INFORMANT'S NAME (Type/Print) PATRICTA RUTH WELSH 200. BETHOD OF DISPOSITION 158 Burlel 2 Cremeton 3 Removal from State 4 Donellon 5 Other (Specify) 11. EIRMATURE OF FUNERAL SERVICE LICENSES Sequentially list conditions, If any, leeding to immediate couse. Enter UNDERLYING CAUSE (Disease or injury) that initiated events	ROBERT EDWARD WELSH 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 218-20-0775 99. FACILITY NAME (If not institution, give street and number) 990. CITY, 1 BOAT IN POTOMAC RIVER RESIDENCE OF DECEDENT 100. STATE 100. COUNTY 100. STATE 100. STREET AND NUMBER 809 FULTON AVENUE 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED 13. WINDOWN OR DATES 14. DECEDENT'S EDUCATION (Specify only highest grade completed) 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 17. FATHER'S NAME (First, Middle, Last) 1 OSEPH MILTON WELSH 190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS 1 Sequentially OF FUNERAL SERVICE LICENSE 100. AS A CONSEQUENCE OF SEQUENCE O	ROBERT EDWARD WELSH 4. SOCIAL SECURITY NUMBER 5. SEX 1 M M 2 G F 64 YRS. 9. FACILITY NAME (II not institution, give street and number) 99. CITY, TOWN OR LOCAT IN POTOMAC RIVER RESIDENCE OF DECEDENT 100. STATE 100. COUNTY VIRGINIA FAIRFAX FALLS CHURK 101. STATE 100. COUNTY 102. STATE 100. COUNTY 103. STREET AND NUMBER 104. STREET AND NUMBER 105. STREET AND NUMBER 106. STREET AND NUMBER 107. SPORT OF DECEDENT EVER IN U.S. ARMED FORCES? 1 G YES, GIVE WAR OR DATES 1 G YES, G	ROBERT EDWARD WELSH 4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 F 64 VRS. 1 M 3 C F 64 VRS. 1 M 3 C F 64 VRS. 1 M 4 C F 64 VRS. 1 M 4 C F 64 VRS. 1 M 5 C F M 64 VRS. 1 M 5 C F M 64 VRS. 1 M 5 C F M 64 VRS. 1 M 6 C F M 7 M 8 M 8 M 8 M 8 M 8 M 8 M 8 M 8 M 8	ROBERT EDWARD WELSH 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. limit birthday) 7. DATE OF 128-20-0775 8. FACILITY NAME (in for institution, give street and number) 8. FACILITY NAME (in for institution, give street and number) 8. FACILITY NAME (in for institution, give street and number) 8. FACILITY NAME (in for institution, give street and number) 8. FACILITY NAME (in for institution, give street and number) 8. FACILITY NAME (in for institution, give street and number) 8. FACILITY NAME (in for institution, give street and number) 8. FACILITY NAME (in for institution, give street and number) 8. FACILITY NAME (in for institution, give street and number) 8. FACILITY NAME (in for institution, give street and number) 9. COTTY, TOWN OR LOCATION FEATH 100. COTY, TOWN OR LOCATION FEATH 101. ZIP CODE 22.046 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES 1 12 YE 2 NO 15 YE 90. SPOCHY: 13. WINDOWS 4 1 DIVIDING FORCES 1 12 YE 2 NO 15 YE 90. SPOCHY: 14. SENARTH STATUS 15. DECEDENT'S EDUATION RECEIPTION (Glove hind or involving most of working files. D. NOT use restrictly files. D. NOT use files.	ROBERT EDWARD WELSH 4. SOCIAL SECURITY NUMBER 2. SEX 2.	ROBERT EDWARD WELSH 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. leat birthday) 7. PURPER 1 YEAR 8. DECEMBER 1 YEAR 8. DECEMBER 1 YEAR 9. PURPER 1 YEAR 9. POINT LOOKOUT 9. POINT LOOKOUT 9. POINT LOOKOUT 9. POINT LOOKOUT 9. PURPER 1 YEAR 9. COP 10. STREET 10. COUNTY VIRGINIA FAIRFAX 10. COUNTY VIRGINIA FAIRFAX 10. STREET AND NUMBER 8.09 FULTON AVENUE 11. MARTIAL STATUS 12. MAS DECEMBENT EVER IN U.S. ARMED 13. WIS DECEMBENT OF HISPANC ORIGIN' (Specify Yea or No- 14. Never Merried 2 Americal 15. DECEMBENT'S EDUCATION 16. DECEMBENT'S USUAL OCCUPATION 16. MOTHER'S NAME (First, Middle, Leat) 1. DON'S PURPER 1 YEAR 16. DECEMBENT'S USUAL OCCUPATION 16. MOTHER'S NAME (First, Middle, Leat) 1. SEMANTICH STANE (First, Middle, Leat) 1. SEMANTICH STANE (First, Middle, Leat) 1. SEMANTICH OF DISPOSITION NELLS (PROPER) 18. DECEMBENT'S USUAL OCCUPATION 19. MAILING ADDRESS (Street and Number or Renal Floate Number, City or Swin, State) 19. MAILING ADDRESS (Street and Number or Renal Floate Number, City or Swin, State) 19. DON'S PURP NUMBER 19. DECEMBENT SHAPE (First, Middle, Malden Number) 19. DECEMBENT'S USUAL OCCUPATION 19. MAILING ADDRESS (Street and Number or Renal Floate Number, City or Swin, State) 19. MAILING ADDRESS (Street and Number or Renal Floate Number, City or Swin, State) 19. DON'S PURP NUMBER 19. DECEMBENT SHAPE 19. DECEMBER SHAPE 1	ROBERT EDWARD WELSH 4 SOJAL SECURITY NUMBER 5 SEX 1 M 2 F S. AGE (in yrs. last Detriday) 9 - FINCER 1 YEAR 6 WONTHE DAYS 9 - FACILITY NAME (if not institution, give sitest and number) 9 - FACILITY NAME (if not institution, give sitest and number) 9 - FACILITY NAME (if not institution, give sitest and number) 9 - FACILITY NAME (if not institution, give sitest and number) 9 - FACILITY NAME (if not institution, give sitest and number) 9 - FACILITY NAME (if not institution, give sitest and number) 9 - FACILITY NAME (if not institution, give sitest and number) 10 - COUNTY 10 - CITY, TOWN OR LOCATION OF DEATH 10 - COUNTY 10 - CITY, TOWN OR LOCATION 10 - STREET AND NUMBER 10 - COUNTY 11 - MARITAL STRUE 12 - WAS DECEDENT EVER IN U.S. ATMED 13 - Widowed 4 Diversed 14 - WORLD WAR II 15 - STREET AND NUMBER 15 - WES 2 NO 16 - DECEDENT SEDUCATION 16 - DECEDENT SEDUCATION 17 - FATHER'S NAME (First, Middle, Lest) 17 - FATHER'S NAME (First, Middle, Lest) 18 - MOTHER'S NAME (First, Middle, Lest) 19 - STREET NAME (First, Middle, Lest) 19 - STREET NAME (First, Middle, Lest) 10 - STREET NO NUMBER 10 - DECEDENT'S EDUCATION 10 - DECEDENT'S EDUCATION 10 - NO I've shied of work done during most of working 10 - NO I've shied of work done during most of working 10 - NO I've shied of work done during most of working 10 - NO I've shied of work done during most of working 11 - NO I've shied of work done during most of working 12 - NAME (First, Middle, Lest) 13 - WISDMANT NAME (First, Middle, Lest) 14 - NAME (First, Middle, Lest) 15 - NAME (First, Middle, Lest) 16 - DOI I've shied of work done during most of working 17 - FATHER'S NAME (First, Middle, Lest) 18 - MOTHER'S NAME (First, Middle, Lest) 19 - NAME (First, Middle, Lest) 20 - PLACE AND DATE OF DISPOSITION (Name 21 - PLATE (First) 22 - PLATE

32. REGISTRAR'S SIGNATURE

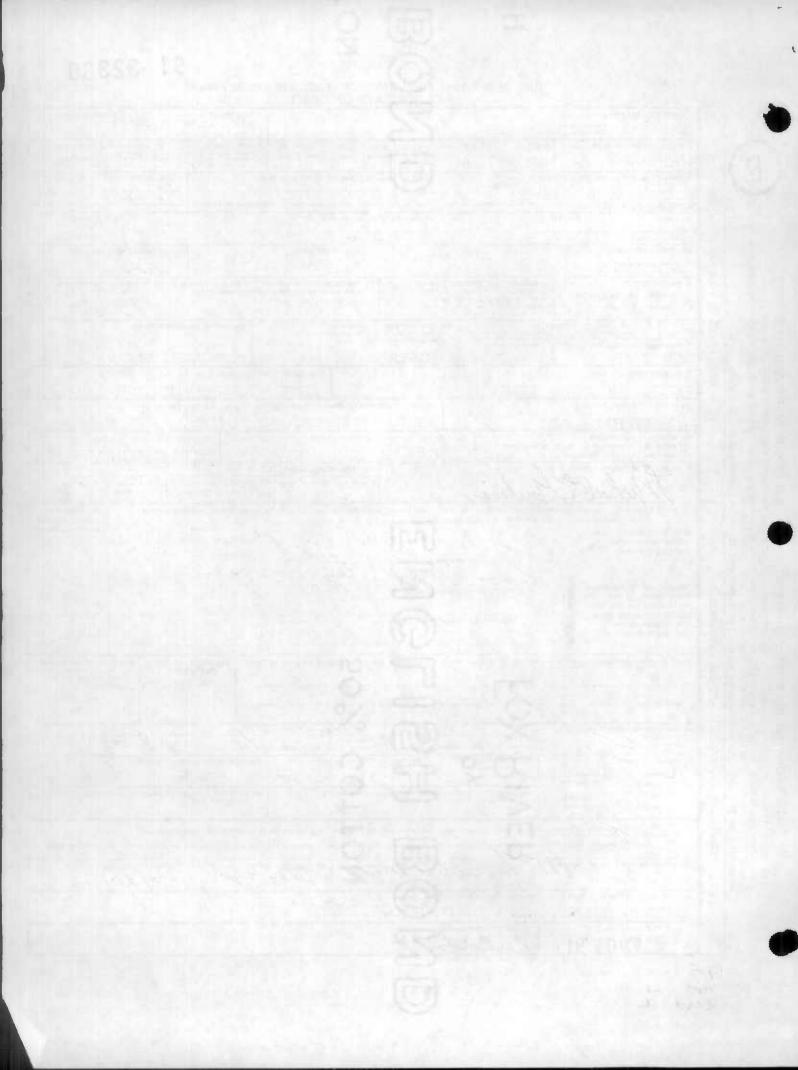
whie Davidson-Randell

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? JTOPSY PERFORMED 1 YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 X YES 2 7 AD In Bow 6 Other (Specify) 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be 4 Homicide 1 DecRTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end manner ee stated. (Check only one) 2 MEDICAL EXAMINER: On the beele of e ition end/or investigation, in my opinion, death occured at the time, date and place, end dua to the ceuse(e) end manner ae stated. 296. SIGNATURE AND TITLE OF CERTIFIED 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) 734195 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 20650 LEONARDTOWN, MARYLAND DAVID M. FEDERLE, M.D.

NOV 05 '91 quatio

31. DATE FILED (Month, Day, Year)

DHMH-18 Rev 1/89



TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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ath cer	Hending	al Hygi	or 0	
the de	y the a	Id Ment	injury	
res that	igned b	eafth ar	rs any	
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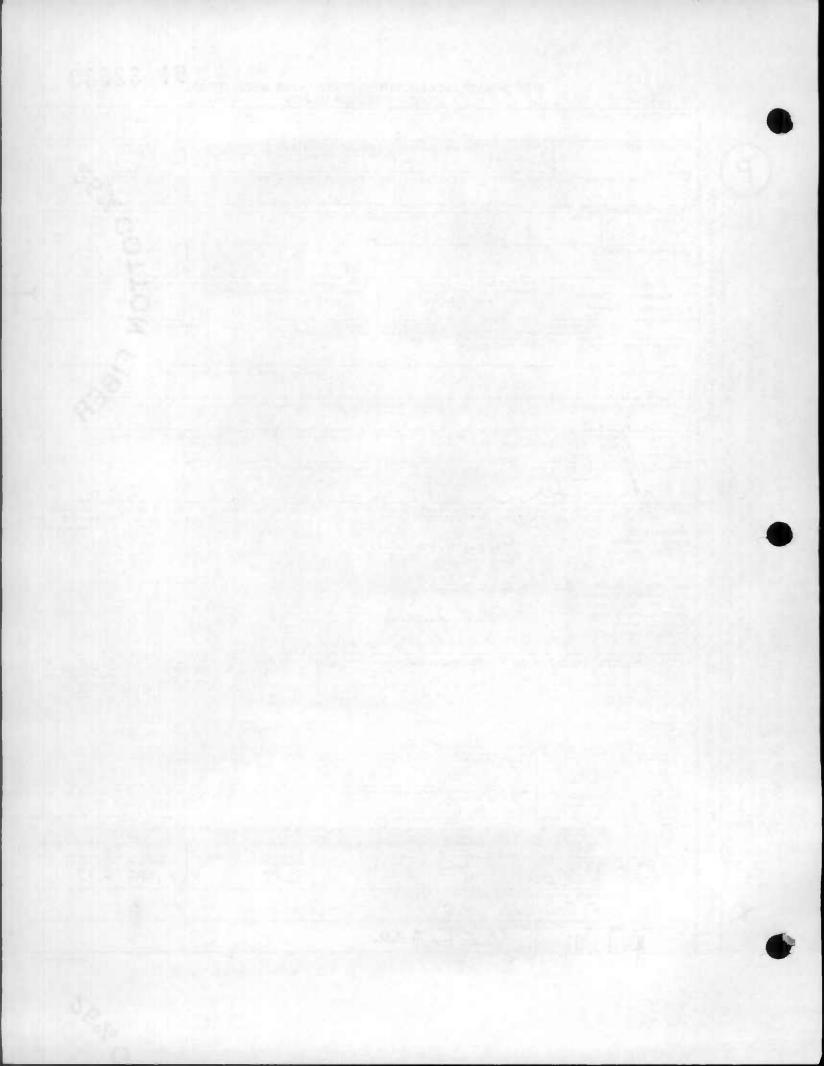
8

	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAR	RTMENT OF	HEALTH AND	MENTA	L HYGIEN	_		
	1. DECEDENT'S NAME (First, Middle, La CLARENCE LLOYD					2. DATE	OF DEATH		EAR 3	. TIME OF DEATH 6:30 a M
	4. SOCIAL SECURITY NUMBER 162-16-5752	1 ¥ M 2 □ F 74	(in yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS			OF BIRTH	7 P	BIRTHPL	YLVANIA
10	99. FACILITY NAME (If not institution, gires Sacred Heart H	lospital			or Location of erland	DEATH		9c. COUNTY	Lega	iny
DIRECTO	10e. STATE 10b. COU			Y, TOWN OR LOC	ATION					Dd. INSIDE CITY LIMITS? XXYES 2 \(\) NO
FUNERAL	4TH AVENUE, P	0 BOX 321			15545			USA	OF WHA	AT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2XX Merried 3 Vidowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X X YES IF YES, GIVE WAR OR I	2 NO	If yee,	ECENDENT OF HISPA specify Cuban, Mexic ES 2 X NO Spec	cen, Puerto	N? (Specify Yes Ricen, etc.)	or No — 14	RACE — Bleck, V Specify:	American Indian, /hite, etc.
COMPLETED	15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	DUCATION ade completed) College (1-4 or 5+)	16e. DECEDENT'S (Give kind of life. Do NOT u	work done during i se retired.)	TION nost of working	161	COAL N		TRY	
ш	17. FATHER'S NAME (First, Middle, Last) LLOYD R. WH	ITAKER			te. MOTHER'S N	LE E				
TO B	190. INFORMANT'S NAME (Type/Print) RENE D. WHI	TAKER	19b. MAILING	BOX 321	, HYNDMA	N, P	1554	n. Stere, Zip Co	de)	
	20a METHOD OF DISPOSITION 1 N Burlal 2 Cremation 3 R: 4 Donation 5 Other (Specify)	B	b. PLACE AND DATE	OF DISPOSITION (Name of PARK	11/15	E 20c. LO	CATION — CITY		
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	~	HARVI HYNDI	AND ADDRESS OF F Y H. ZEI MAN, PA	GLER 1554	FUNER 5-0636	AL HOM	E	
CERTIFICATION	23. PART I. Enter the diseases, a shock, or heert feitur IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentielly list conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events)	e. METAS DUE TO (QR AS A	ecn line.	CULON FI:			diec or respi	ratory arreed	,	Approximate Intervel Between Onset end Death
PHYSICIAN: MEDICAL CERT	PART II. Other significent condition	d.	out not resulting	in the underlyl	ng cause given ir	Pert I.	24e. WAS AN PERFOR	MED?	AW CO OF	ERE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	netlant 3 🗆 DOA	OTHER:	PLACE OF DEATH (C					
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. IN	me 5 Residenca JURY AT ORK? YES 2 NQ	T	CRIBE HOW IN	JURY OCCUR	ED	
E	3 Suicide 8 Could not 8 4 Homicide datermined	280 BLACE OF BUILDING	— At home, ferm, a	itreet, fectory, off	ice	28f. LOC City	ATION (Street a or Town, State)	nd Number or I	Rural Rout	e Number,
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAME	YSICIAN: To the beet of my know NER: On the beele of examination	ladge, death occurre	ed at the time, da	te end place, end du	a to the ceu	use(a) and men	ner se steted,	ouse(a) an	d menner ee steted.
TO BE C	296. SIGNATURE AND TITLE OF CENTER	Lamo			29c. LICENSE NU					onth, Day, Year)
		NALLIN, MD, H								
	31. DATE FILED (Month, Day, Year) 4 1991	de Tan Maidson R								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH VEAR NELLIE GRAY WEICHT NOVEMBER 04:30am 8.1991 4. SOCIAL SECURITY NUMBER 234-40-3149 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Oct. 11,1912 DAYS HOURS 1 🗌 M 2 💢 F 79 YRS. 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH SACRED HEART HOSPITAL CUMBERLAND, MD. ALLEGANY Pages 1, 2, RESIDENCE OF DECEDENT DIRECT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Mineral WV Wiley Ford permit. t YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Frankfort Road dilling. 26767 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 YOU IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yee, specify Cuben, Mexican, Puerto Rican, atc.) buri 14. RACE — American Indian, Bleck, White, etc. t Never Married 2 Married BY 3 Widowed 4 Divorced 1 YES 2 X NO Specify: Specify: the White 98 18e. DECEDENT'S USUAL OCCUPATION ED 15. DECEDENT'S EDUCATION (Specify only highest grade complete use 18b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) 田 Elementary/Secondary (0-12) jo College (1-4 or 5+) COMPL Homemaker N/A Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 2 to James W. Ganoe Hott Anna E. BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Guy W. Weicht General DElivery, Wiley Ford, WV 26767 pe 20a. METHOD OF DISPOSITION

1 Separate 2 Cremetton 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, Stata DATE must Sunset Memorial Gardens 11/11/91 Cumberland, MD 21. SIGNATURE OF FUNERAL SERVICE LIGENSEE examiner 22. NAME AND ADDRESS OF FACILITY Shaffer Funeral Home, Inc. d in by the or removal. 230 East Main St., Romney, WV 26757 or removal 23. PART I. Enter the diseases, Dr compligations that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. interval Batween IMMEDIATE CAUSE (Final Ongat and Death disease or condition resulting in death) event mpie DUE TO (OR AS A CONSEQUENCE OF): the attending physician and cor-Mental Hygiene prior to burial. DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury or other that initiated events DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST Injury, PART II. Other aignificant conditions contributing to death but not resulting in the paderlying cause given in Part I. MEDICAL 24e. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS and l AVAILABLE PRIOR TO shows any Health a COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO L. of PHYSICIAN: Dept. 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) item State HOSPITAL OTHER:
4 | Nursing Home 5 | Realdence 8 | Other (Specify) 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA the 10 28e DATE OF INJURY (Month, Day, Year) 27. MANNED OF DEATH 28c. INJURY AT WORK?
1 YES 2 NO marked, 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED with 1 Natural 5 Pending м death BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, ferm, straet, factory, office building, atc. (Specify) 69 3 Suicide 28f, LOCATION (Street and Number or Rural Route Number, City or Town, State) hours after ditem 28 is ED 6 Could not be 4 Homicide COMPLET 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the beet of my knowledge, death occurred at the time, data and piece, and due to the ceuse(a) end menner as stated. be filed within 72 h 2 MEDICAL EXAMINER: On the basic of axamination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(e) and menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED Month, Day, Pear) 3 NW 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ESPINA 0 SETON 32. REGISTRAR'S SIGNATURE

	Harry Mas 4. SOCIAL SECURITY NUMBER 079-26-6398	5. SEX 6. AG	ing, Jr. E (In yrs. last birthday) 59 vns.	IF UNDER 1	YEAR IF UNDER 24 HI DAYS HOURS MI	NO RS. 7. DATE (Mon	V 11, of BIRTH th, Day, Year) /11/19	1991	BIRTHPLACE (S			
	9e. FACILITY NAME (# not institution, give		39 THS.	9b. CITY. T	TOWN OR LOCATION O		/11/15		New Yor DEATH	ork		
ECTOR	5624 Belle Ai			19	t New Ma			-	chest	er		
PIE	Maryland Do	orchester		ry, town or ast N	ew Marke	et			1 N	SIDE CI MITS?		
VERAL	100. STREET AND NUMBER 5624 Belle Ai	ire Road			21631			10g. CITIZE	US	DUNTRY		
BY FUN	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVEI FORCES? 1 YE IF YES, GIVE WAR OR	ES 2 100	If y	AS DECENDENT OF HI yea, specify Cuben, M YES 2X 140 S	SPANIC ORIGI exican, Puerto pecify:	N? (Specify Yee Rican, etc.)	or No 1	4. RACE — Ame Black, White, Specify: [[7]]			
LETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	de completed) College (1-4 or 5+)	life. Do NOT	work done du use retired.)	uring most of working		b. KIND OF BUS	SINESS/INDU	STRY			
COMPL	1 2	5+	Auton	nobil	e Dealer		Middle, Malden	Cumamal				
E C		ling					Mulkin					
8 8	Harry M. Wess 190. INFORMANT'S NAME (Type/Print)	STING	19b. MAILIN	G ADDRESS ((Street and Number or F	ПУ-			Code)			
	Yvonne N. Wes	sling										
en in	20s. METHOD OF DISPOSITION X Pauriei 2 Cremation 3 Removal from State 4 Donetion 5 Dother (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 4 Donetion 5 Dother (Specify) 20c. LOCATION — City or Town, State Hawthorne, New											
- 6	21. SIGNATURE SINFUNERAL SERVICE L		acc or i		AME AND ADDRESS		Inav	W CIIOI	ile, IV	EW		
Ď.							7 77					
DY QUELLE AND A STATE OF THE ST	> Ahrita	Den			homas F				5M" 07			
manical examina	Enter the diseases, Dishock, or heart failure	r complications that cause. List only one cause or		7	00 Locu	st St	. Caml	bride	st, A	Approx nterval		
anical examin	shock, or heart fallure	e. List only one cause or		not enter the	00 Locu	st St	. Caml	bride	et, A	Approx nterva Onset		
N State Healted State N	shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	e. Pheu	m each line.	npt enter the	00 Locu	st St	. Caml	bride	et, A	Approx nterval		
CATION	shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	e. Ph 20 DUE TO (OR A DUE TO (OR A	M OWU S A CONSEQUENCE S A CONSEQUENCE	7 npt enter ti	00 Locu	st St	. Caml	bride	et, A	Approx nterval		
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FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCLENE

		1 - STATE REGISTRAR		CERTIF	CATE OF	DEATH	REG. NO		
		1. DECEDENT'S NAME (First, Middle, Last) ORNEULEW	e E. Wh	rile		PEATH	2. DATE OF DEATH	DAY 1 YEA	3. TIME OF DEATH
(P)		4. SOCIAL SECURITY NUMBER 217–18–7643	1 M 2 XF	(In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 04-09-15	Go	ATHPLACE (State or Foreign Junty) Maryland
sho	ECTOR	9a. FACILITY NAME (If not institution, give s	UNIWVSi	ty	9b. CITY, TOWN	Salt	Mp dim	9c. COUNTY O	/ (/
Pages 1	REC	10e. STATE 10b. COUNT		10c. CITY	, TOWN OR LOC	ATION			10d. INSIDE CITY
permit. P	L DIR	Maryland Carr	oll County		Sykesvi				1 TYES 2 TO NO
isi	FUNERAL	5740 Greenville				21784		U.S	S.A.
215-0020 attending physician. se as the burial-tran	B	1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 KINO	If yea, a	CENDENT OF HISPAN pecify Cuben, Mexice S 2 X NO Specify		8	ACE — American Indien, lack, White, etc. Decity White
	ETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18a. DECEDENT'S I	ork done durina m	ION lost of working	16b. KIND OF BU	SINESS/INDUSTR	Y
14 = 5	COMPLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	lite. Do NOT use	and the same		Bowli	ing Alle	ey
YLAND by the hospit be detached at once.	-	17. FATHER'S NAME (First, Middle, Last) Harry Snyder				16. MOTHER'S NA	ME (First, Middle, Maiden Gill	Sumame)	
MAR retained to should be should) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Route Number, City or Tow	vn, State. Zip Code.	
ay be ret page 5 s	2	Mr. James E. Whit	е			ille Road			
e 6 m ector.		20e. METHOD OF DISPOSITION 1 XBuriel 2 Cremetion 3 Rem 4 Donetton 5 Other (Specify)	oval from State	b. PLACE AND DATE O metery, crematory or off LAKE VIEW	FDISPOSITION (A Memoria	al Park		CATION — City of Cesville	
death.		21. SIGNATURE OF FUNERAL SERVICE LIC	L. Haige	et		GHT FUNER	AL HOME (MD 21784 ((P.O. Bo	
within 2+ nours at within 2+ nours at pletely filled in by cremation, or remretion, the medicinent, the medicinent.		23. PART I. Enter the diseases, prospective abock, pr heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	eleste	od the death. Do no eech line.	unia f	ode of dying, auch	has cardiac or reap	iretory arrest,	Approximate interval Between Onset and Death
OX 6876 e be executed sician and com nor to burial. traumatic ev	NO	Sequentially list conditiona, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF		ianial	pressu	le	3hrs
e by	RTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c. Sus a	A CONSEQUENCE OF	old	homm	orlage	2	21 days
G # 8 # 9	ERT	reaulting in death) LAST	Infra	Clapia	lan	emysh			
ORDS, that the dea by the att th and Menta any Injury,	0	PART II. Other significant condition	a contributing to death i	but not resulting in	the underlying	og cause given in	Part I. 24e, WAS AN	AUTORSY	4b. WERE AUTOPSY FINDINGS
REC equires en sign of Heal	MEDICAL	hereitensiy Intraciania	L				PERFOR	RMED?	AVAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AL F law r has be Dept.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL	6						
VITAL JIAN: The law ritificate has the State Dept or Item 23	SICI	EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (Che			
OF PHYSICI this cer with th	ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 26c, IN.	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCURED	
TISIC TOR: A after d after d	ETED B	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide datermined	28a. PLACE OF INJUR building, atc. (Spe	Y — At home, farm, at ocify)	reat, factory, offic	DO .	261. LOCATION (Street a City or Town, State)	and Number or Run	al Route Number,
DIV AL JR A AL DIREC 2 hours 1 item	7	290. CERTIFIER (Check only 1) CERTIFYING PHARM	DIAM: To the best of my know	wledga, death occurred	d at the time, date	end place, and due	to the cause(s) and mar	nner as stated,	
HOSPITAL FUNERAL WITHIN 72	COMPL	2 MEDICAL EXAMINE	the beals of examination	on end/or investigation	, in my opinion,	death occured at the	time, data and plece, an	d due to the caus	e(a) and manner as stated.
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: II	BE	296. SIGNATURE AND TITLE OF CURTIFIES	+1	1.00		29c. LICENSE NUM	BER	- I	ED (Month, Day, Year)
P P 2 &	2	30 HAME AND ADDRESS OF PERSON WH	COMPLETED CAME OF DE	EATH (ITEM 27) (Type, I	Print)			W: 111 [
		Arthur Dira	to de						
		II ((A NOV 1	32. HEGISTRAR'S SIGN	Julia Davidson	~ Pandell	2			

	America (Sur 318)	

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	rSIGIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. In the State Dept, or Health and Mental Hygiene prior to burial, cremation, or removal. In the State Dept, or Health and Mental Hygiene prior to burial, cremation, or removal. In the State Dept, or State Dept, or other traumatic event, the medical examiner must be notified at once.
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BALTIMORE, MARYLAND 21215-0020	AN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos tificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach to State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. If tem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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VITAL RECORDS, P.O. BOX 68760,	withi nplete crem vent,
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	THE HOSPITAL DR ATTENDING PRYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans in filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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			CE	RIII	ICAT	E OF	DEAT	TH		REG. NO			
1. DECEDENT'S NAME (Flist, MI Allen	Kirby		White						MONTH	of DEATH D	4,	1 ^{YEAR} 1	12:15
4. SOCIAL SECURITY NUMBER 154 22 2280	5. SEX		AGE (In yrs. lest	birthday) YRS.	IF UNDE	DAYS	IF UNDER	24 HRS. MIN.	7. DATE (Month May	OF BIRTH	24	8. BIRTHPI Country) Penns	ACE (State or Foreign
9a. FACILITY NAME (If not institute that the calvert Me	morial		ital				e F		ATH	oc. COUNTY OF DEATH Calvert			TH
10a. STATE 10	Calvert				Y, TOWN	or Local							0d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER						101	. ZIP CODE					IZEN OF WH	TYES 2 NO
	11. MARITAL STATUS 1 Never Married 2 Married STATUS 3 Wildowed 4 Divorced 15. DECEDENT'S EDUCATION				2 NO If yes, specify Cuban, Maylcan Puerlo B						or No-	- Amarican Indian, White, alc. White	
15. DECEDE (Specify only hig Elamentary/Secondary (0-12)	ENT'S EDUCATION ghest grade completed)		18e. DEC	e kind of a Do NOT us	USUAL C work done se retired.)	OCCUPATIO during mo	ON st of workin	g		KIND OF BUS	SINESS/IND	DUSTRY	willoe
17. FATHER'S NAME (First, Middle John Josiah W	hite Jr.							er's NAM		liddle, Maiden	Sumeme)		
19a. INFORMANT'S NAME (Type) Deborah White 20a. METHOD OF DISPOSITION					as #		nd Number	or Rural Re	oute Numb	er, Cfty or Town	n, State, Zip	Code)	
4 Donation 5 Other (Sp. 21. SIGNATURE OF FUNERAL SI		h	Christ	Ері	22.	NAME AN	D ADDRES	S OF FAC	Ra	Port	Funer	cal Ho	Marylandome ome c, maryla
23. PART i. Entar tha diseashock, or hashing immediate CAUSE (Final disease or condition resulting in death)	a. P	DUE TO (OI	NARY R AS A CONSECU	ENY	OBOL	-150	2					ast,	Approximata interval Between Onset and De 5 minut
Sequantially list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evants resulting in death) LAST	te l	NEM	ANT MAS A CONSECULAR AS A CONSECULAR	JENCE OF	F):	am A	- WI	TH_N	NETA	ISTAS	€2		3 YEARS
PART II. Other significant of	conditions contrib	uting to de	ath but not re-	suiting (in the ur	nderiying	cause g	ivan in P	Part I,	24a. WAS AN PERFOR	MED?	0	ERE AUTOPSY FINDIN ALLABLE PRIOR TO OMPLETION OF CAUS F DEATH? YES 2 NO
25. WAS CASE REFERRED TO MI EXAMINER? 1 YES 2 NO	HOSPI		R/Outpetlant 3	DOA	OTHEI	R:	ACE OF OE						
27. MANNER OF DEATH 1 Natural 5 Pener 2 Accident Inve		DATE OF IN. (Month, Day,		28b. TIM	-	28c. INJU	JRY AT			CRIBE HOW IN	JURY OCC	CURED	
2 Cutotide	ld not be	PLACE OF III building, etc	JURY — At hom (Specify)	a, farm, s	streel, fect	tory, office	1		28f. LOCA City o	TION (Street e. Town, State)	nd Number	or Rurai Rou	te Number,
0 000	rminad												
4 Homicide data 29a. CERTIFIER (Gheck only 1 CERTIFY)	ING PHYSICIAN: To th	a beal of my	knowledge, deat	h occurre	nd at the t	ime, data	and place,	and dua le	o the caus	e(a) and man	ner as atate	ed.	nd manner as size
4 Homicide data 29a. CERTIFIER (Gheck only 1 CERTIFY)	NG PHYSICIAN: To th	paala of axam	PH751C	i A N	n, In my c	ime, data	29c, LICE	and due to d at the II NSE NUME	lme, date	e(a) and man	I due lo th	n Cause(a) a	nd mannar as stated

760, BALTIMORE, MARYLAND 21215-0020	d within 24 hours after death. Page 6 may be retained by the hospital or attending anyment	ompletely filled in by the funeral director, page 5 should be detached for use as the fundal lemant per it, cremation, or removal.	event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending structure.	TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the functional physician and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

REGISTRAR		C	ERITFI	CALE OF	DEATH	F	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)					2, DATE OF	OEATN		3. TIME OF DEATH
William	Lancas	ster		WEEMS		NOV.	8, 1	991	0632
SOCIAL SECURITY NUMBER		AGE (In yrs. la	st birthday)	IF UNDER 1 YEAR		7. DATE OF I		- or ole	RTHPLACE (State or Foreign
314 02 0633	12 M 2 🗆 F	77		MONTHS DAYS	HOURS MIN.	(Month, Da	ay, Yeer)	Co	untry)
214 03 8623	25	11				3/1/1	4	Ma.	ryland
n. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOWN	OR LOCATION OF D	EATH	94	c. COUNTY O	F DEATH
Calvert Memor	rial Hosn	ital		Drin	ce Fred	oriak		0.1	vert
		11.01				ELICK		Cal	vert
On. STATE 10b. COUN	TY		10c. CITY,	TOWN OR LOC	ATION				10d. INSIDE CITY
Maryland Ca	lvert		Bars	tow					LIMITS?
e. STREET AND NUMBER				T,	or, ZIP CODE		140	- 0/7/75// 0	
rural							10		F WHAT COUNTRY?
rural					20610			USA	
I. MARITAL STATUS	12. WAS DECEDENT EV			13. WAS DE	CENDENT OF HISPA	VIC ORIGIN? (S	pecify Yea or I	No 14. R.	ACE - American Indian,
Never Married 2 Merried	IF YES, GIVE WAR		NU		specify Cuben, Mexica S 2 X NO Specif		n, etc.)		leck, White, etc.
☐ Widowed 4 ☐ Divorced				1 1	S 2 10 Specii	у		3/	white
15. DECEDENT'S ED	UCATION	16e. DE	CEDENT'S 11	SUAL OCCUPAT	ION	40h Mill	ND OF BUSINE	00//4/01/07/0	
(Specify only highest grad		(G	live kind of wo	ork done during n	nost of working	100. KIN	AD OF BOSINE	35/INDUSTR	
Elementary/Secondery (0-12)	College (1-4 or 5+)			reureu.)					
12		br	oker				rea1	esta	te
FATHER'S NAME (First, Middle, Last)					18. MOTNER'S NA	ME (First, Middl	le, Maiden Sum	iame)	
homas I. Weems						abeth			
. INFORMANT'S NAME (Type/Print)									
		19			and Number or Rural	Route Number, (City or Town, St	tete, Zip Code)	
llen W. MacWill:	Lams		same	as #10					
. METHOD OF DISPOSITION		20b. PLACE	AND OATE OF	DISPOSITION (/	lame of	DATE	20c LOCATI	ON — City or	Town State
X Buriel 2 ☐ Cremetion 3 ☐ Res	noval from State	cemetery, cre	matory or othe	er place)		1			
SIGNATURE OF FUNERAL SERVICE L	CENCEE	Weste	y Ceme			11/11/9			rederick Mary
2)	\			22. NAME	ANO ADDRESS OF FA	Rau Rau	sch Fu	meral	Home
DROW	od /			4405	Broomes	Ts. Rd	Port	Renu	blic marylan
3. PART i. Enter the diseases, or ahock, or heart failure IMEDIATE CAUSE (Final	List only one cause of	on each line	1.					,,	Approximate interval Between Onset and Daath
isease or condition	M.	1 d	1	0 1	. (.		+1.	1	iO.
esulting in death)	B. DIJE TO (OR	AS A CONSE	OHENCE OF	100	10 carci	non-	01 9	7400	17 Mmy
	500 10 (011	no n conse	l l	01	no Carci				
equentisity itat conditions,	b	31 4	real -		vol kar	15-			
any, leading to immediate	OUE TO (OR	AS A CONSE	QUENCE OF):						
ause. Enter UNDERLYING AUSE (Disease or injury		LL (Dann	1000					
nat initiated events	DUE TO (OR	AS A CONSE	DUENCE OF):						
eauiting in death) LAST									
	d								
ART ii. Other significant condition	ns contributing to deal	th but not r	esuiting in	the underivis	og cause given in	Part I 24	. WAS AN AUT	oney .	
-				e e	ig cause given in	Fait 1. 248	PERFORMED		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
1866	nu ca	rd or	mo 66.	7		10	YES 2	NO	COMPLETION OF CAUSE OF DEATN?
Afra	I Flutto		-				25		
						-			1 YES 2 NO
					LACE OF DEATN (Ch	ock only one)			
WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL			OTHER:		a [] au	aniful		
	HOSPITAL:	Outpatient 3	DOA 4	Nursing Ho	ne 5 Residence				
EXAMINER? 1 YES 2 NO	→ Inpatient 2 ER/				me 5 Residence				
EXAMINER? 1 YES 2 NO MANNER OF DEATH		IRY	28b. TIME (OF 28c. IN	JURY AT ORK?		BE NOW INJUR	RY OCCURED	
EXAMINER? 1 YES 2 NO MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJU	IRY	28b. TIME (OF 28c. IN	JURY AT			RY OCCURED	
EXAMINER? 1 YES 2 NO MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation	28e. DATE OF INJU 28e. DATE OF INJU (Month, Day, Ye) 28e. PLACE OF INJ	IRY er)	28b. TIME (OF 28c. IN W	JURY AT ORK? YES 2 NO	28d. DESCRIE	BE NOW INJUR		al Route Number,
EXAMINER? 1 YES 2 NO MANNER OF DEATH 2 Accident Investigation 3 Suicide 6 Could not be	28e. DATE OF INJU (Month, Day, Ye	IRY er)	28b. TIME (OF 28c. IN W	JURY AT ORK? YES 2 NO	28d. DESCRIE	BE NOW INJUR		al Route Number,
EXAMINER? 1 YES 2 NO MANNER OF DEATH Netural 5 Pending Investigation Line Nomicide Permined Permi	28e. PLACE OF INJUDUIDING, etc. (IRY er) URY — At ho (Specify)	28b. TIME (INJUR	OF 28c. IN RY M 1	JURY AT ORK? YES 2 NO	281. LOCATION City or Tox	N (Street and N wn, State)	lumber or Run	al Route Number,
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EXAMINER? 1 YES 2 NO MANNER OF DEATH 2 Accident S Pending Investigation 3 Sulcide Could not be determined CERTIFIER (Check only one) CERTIFYING PHYSICAL EXAMIN SIGNATURE AND TITLE OF CENTIFIER NAME AND ADDRESS OF PERSON WITH	28e. DATE OF INJU (Month, Day, Ve 28e. PLACE OF INJ building, etc. (ICIAN: To the best of my k ER: On the best of examin	IURY — At ho Specify) nowledge, de nation and/or i	28b. TIME (INJUF me, farm, stre ath occurred investigation,	OF 28c. IN W 1 seet, fectory, offile at the time, det in my opinion,	See and place, and due death occured at the	28d. DESCRIE 28f. LOCATION City or To to the cause(s) time, date end	N (Street and N N, State) end manner place, end du	ea atsted. e to the caus	e(a) end manner es stated.
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

The FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2. be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1. DECEDENT'S NAME (First,	Middle, Last)						DEA		2. DATE OF DEATH		T	. TIME OF DEATH
Constand	ce A	nn	W	ood					MONTH DA		YEAR 91	0524 A M
4. SOCIAL SECURITY NUMBER	EA	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER	1 YEAR	IF UNDER	1 24 HRS.	7. DATE OF BIRTH	7 1	-	LACE (State or Foreign
217 66 2446		1 M 2 F	59	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) August 17,	1932	Mary Mary	land
9a. FACILITY NAME (If not ins	titution, give st	reet and number)			9b. CITY	TOWN	OR LOCATI	ON OF D			NTY OF DEA	
Calvert	Memo	rial Ho	spita	1	Pr	inc	e Fr	ede	rick	Ca	lver	t
RESIDENCE OF DEC	EDENT											
10e. STATE	10b. COUNTY			10c. CIT	Y, TOWN C	OR LOCA	TION				1	Od. INSIDE CITY
Maryland	Calv	ert		Pr	ince	Fre	ederi	ck			1	YES 2 NO
100. STREET AND NUMBER						10	. ZIP COO	E		10g. CITI	ZEN OF WH	AT COUNTRY?
2570 Solome	ons Is	land Roa	ıd				206	578			USA	
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S.	ARMED	13.	WAS DEC	ENDENT C	F HISPAI	NIC ORIGIN? (Specify Yearin, Puerto Rican, etc.)	or No-	14. RACE -	- American Indian, White, etc.
1 Never Married 2 1 1 3 Divor		IF YES, GIVE V	WAR OR DATES	ALTO			2 [XNO				Specify:	White
(Specify only	DENT'S EDUC highest grade	completed)		DECEDENT'S (Give kind of v life. Do NOT us	vork done o	during mo	ON ost of working	ng	16b. KIND OF BUS	INESS/IND	USTRY	
Elamentary/Secondery (0-	12)	College (1-4 or 5	+)						1-			
8				house	wlie					ome		
17. FATHER'S NAME (First, Mic		111							ME (First, Middle, Maiden :			
Warren Olive		Illings					1.		Virginia Co			
19e. INFORMANT'S NAME (Ty)									Route Number, City or Town			
Patricia Gi				2580 S	olom	ons	Is.	Rd.				ryland 206
20e. METHOD OF DISPOSITION 1 Burial 2 Cremation 4 Donation 5 Other (oval from State	20b. PLAC cemetary. SOUT	rematory or of hern	per place) IEMOT	ial(Garde	ens :	DATE 20c. LOC 11/13/91 DU	ankir	k Mar	Calvert Yland
21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE			22. 1	NAME AF	ND ADDRES	SS OF FA	Rausch E	7112011	21 110	lmo
· DKO	and	100			111	OF 1	Dree		Kausch i	uner	dI HU	me .c Maryland,
23. PART I. Enter the dis	0.000.00	omplications the	t nounced the	doest. Do								.C Marytand
IMMEDIATE CAUSE (Fine disease or condition resulting in deeth)	ert isilure, L	list only one csu	ise on eech il	ne.					farte		_	Approximats Interval Batween Oneet end Death
Sequentielly liet condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or Injurthet Initiated events resulting in death) LAST	lete IG		(OR AS A CONS		,	-a-	1 0	hr	farilio		(,	
PART II. Other significan	t conditions	contributing to	death but not	regulting i	n the un	dorbilos		diam In	Data I an una cui		1	
Luna	21. 0	1110	death but no	resulting i	ii the un	ueriying	cause g	iven in	Pert I. 24a. WAS AN A PERFORI		A	ERE AUTOPSY FINDINGS /AILABLE PRIOR TO
11	000	10	<u> </u>						1 YES 2	LNO		OMPLETION OF CAUSE F DEATH?
rug	per	Jewn &	July .								1	☐ YES 2 [NO"
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHER		ACE OF DE	EATH (Che	ock only one)			
1 YES 2 NO		1 Inpatient 2			4 🗆 Nurs		5 Re	aldence	8 Other (Specify)			
27. MANNER OF DEATH		28a. DATE OF (Month, D		26b, TIME		28c. INJ WO	URY AT		28d. DESCRIBE HOW IN	JURY OCC	URED	
	enaing vestigation				М	1 🗆 1	'ES 2 _	NO				
	ould not be starmined	28a. PLACE O building,	F INJURY — At I atc. (Specify)	home, farm, a	treef, facto	ry, offici			281. LOCATION (Street ar City or Town, State)	nd Number	or Rural Rou	te Number,
29a. CERTIFIER	VING PHYSIC	IAN: To the head	mu bana ta t	1 1								
(Check only one) 2 MEDIC	AL EXAMINED	On the best of	my Knowledge, o	seath occurre	o at the th	ne, date	and place,	and dua	to the cause(a) end mann	ner en atate	rd.	
		. On the bear of an	ammation and/o	r investigation	ı, ın my oş	oinion, d	eath occur	ed at the	time, date end place, end	due to the	ceuse(a) e	nd menner ee atated.
296. SIGNATURE AND TITLE O	F CERTIFIER	04/1	1 - 1	15			29c. LICE			29d. DATE	SIGNED (M	onth, Day, Year)
10	un	9000		(0)			1)-	15	435	> /	1/1	1/9/
30. NAME AND ADDRESS OF I			E OF DEATH (IT	EM 27) (Type,	Print)							
Mukesh M	lathu	r, M.D.				Pri	nce	Fre	derick, M	Mary	land	
31. DATE FILED (Month, Day, Ye NOV 1	2 1004	32. REGISTRA	A'S SIGNATURE	2								
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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D THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the	3 THE FUNERAL DIRECTOR: After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be depended in the first page 5 should be depended, or removal, or removal.	and the second of the second o
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30. NAME AND ADDRESS OF PERSON WID COMP CLUAY ES PAGETT 31. DATE FILED (Month, Day, Year) NOV 15 1991

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	Г	4. BOCIAL SECURITY NUMBER	5. SEX				EAR DAYS	IF UNDER 24	MRS.	7. DATE O (Month,	F BIRTH Day, Year)	8. BIRTHPLA Country)		HPLACE	E (State or Foreig
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-	1	9a. FACILITY NAME (If not institution, give						R LOCATION	OF DEA	TH		9c. COUNTY OF DEATH			
CTOR		5109 Mountain Rd				Pasa	ade	na				Arı	ne A	run	del
DIREC		10a. STATE 10b. COUN	Arundel			y, town on adena	LOCAT	ION						L	INSIDE CITY LIMITS? YES 2 -N
AL C	- 11-	10e. STREET AND NUMBER	ALUNCE		LICIS	auena	101	. ZIP CODE				10g. CIT	IZEN OF		COUNTRY?
ER/		5109 Mountain Rd				21122					II.	S.A.			
S	13-	11. MARITAL STATUS	12. WAS DECEDE			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No. 14. RA					14. RAC		marican Indian,		
BY F	u	1 Never Married 2 Married 3 Widowed 4 Divorced		WAR OR DATES	JNO			2 X NO		Puarto HI	can, atc.)		Spec	clfv:	hite
ED		15. DECEDENT'S ED (Specify only highest grad	UCATION le completed)		(Give kind of	USUAL OCC	UPATIO	ON st of working		16b.	KIND OF BUS	SINESS/IN	DUSTRY		
Ē		Elementary/Secondary (0-12)	College (1-4 or 5	+)	ile. Do NOT u	se retired.)					Devi				
MP	-		4 +	В	dNK U	ffice					Bank				
COM		17. FATHER'S NAME (First, Middle, Last)									iddle, Maiden				
B	- 10-	William J. O'l	<u>leara</u>	-	405- 84-8-9-1816	ADDRESS (Oten ed a		resa			anig		_	_
2	- 11	Jerome G. Waltie													
ľ	11-	200. METHOD OF DISPOSITION	i			Mounta				idena				Town St	tete
	Ш	20a. METHOD OF DISPOSITION 1													
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NC		23. PART / Entar tha diaeases, or shock, or heart failure immediate CAUSE (Final diaease or condition resulting in death) Sequentially list conditions.	s. Due To	etasto	ne. atc seouence o	Ba:	rra	NCO F	uner g. auch	al F	Iome S	ever	na P	ark 	Approximat Interval Bar Onaat and
CERTIFICATION		shock, or heart failure iMMEDIATE CAUSE (Final diaease or condition	s. DUE TO	use on sach iii	THE COLUMN TE CO	Ba: Bornot antar the Briefic	rra	NCO F	uner g. auch	al F	Iome S	ever	na P	ark 	Hwy - MD 21 Approximat Interval Bat Onaat and I
MEDICAL CERTIFI		shock, pr heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, lasding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants	b. DUE TO C. DUE TO DUE TO	O (OR AS A CONS	SEQUENCE C	Ba: BYCO	rra	nco F	uner g. auch	as card	Iome S	PAUTOPSYRMED?	na P	Ab. WERRAMARL COMMOFD	Approximatinterval Bat Onaat and 3 1/2 C
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JED CAUSE OF DEATH (ITEM 27) (Type, Print)
WD, 5601 Lock Ravey Blue

1. DECEDENT'S NAME (First, Middle, Last) KEITH AARON WARD 2. DATE OF MONTH	DEATH										
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In ure loss higherton) STANDERS VEAS	DAY /2 - 9	YEAR 3. TIME OF DEATH P									
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 1 UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF YRS. MONTHS DAYS HOURS MIN. 9 (MORIZ D. 75 YRS. MONTHS DAYS HOURS MIN. 9 (MORIZ D. 75 YRS. MONTHS DAYS HOURS MIN. 9 (MORIZ D. 75 YRS. MONTHS DAYS HOURS MIN. 9 (MORIZ D. 75 YRS. MONTHS DAYS HOURS MIN. 9 (MORIZ D. 75 YRS. MONTHS DAYS HOURS MIN. 9 (MORIZ D. 75 YRS. MONTHS DAYS MONTHS DAYS HOURS MIN. 9 (MORIZ D. 75 YRS. MONTHS DAYS MONTHS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS	BIRTH Day Year)	8. BIRTHPLACE (State or Foreign North Carolina									
9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH		NTY OF DEATH									
RESIDENCE OF DECEDENT HOSPITAL CLINTON	N Prince Groul										
10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION		10d. INSIDE CITY									
Maryland Prince Georges Brandywine		LIMITS? 1 □ YES 2 文 NO									
100. STREET AND NUMBER 4423 Danville Road 20613	10g. CITI	ZEN OF WHAT COUNTRY?									
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (5	Specify Yea or No-	14. RACE — American Indian,									
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify:	an, efc.)	Black, White, etc. Specify: White									
(Give kind of work done during most of working life Do NOT use assigned)	ND OF BUSINESS/IND	USTRY									
12 College (1-4 or 5+) Sheet Metal Worker Con	struction	n/Union									
12 - Sheet Metal Worker Con 17. FATHER'S NAME (First, Middle, Last) Robert Edward Ward											
190. INFORMANT'S NAME (Type/Print) Gladys J. Ward 190. MAILING ADDRESS (Street and Number or Rural Route Number, 4423 Danville Road, Brandy											
20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION /Name of DATE	20c. LOCATION — (
Trinity Memorial Gardens 11-15	Waldorf,	MD									
21. SILL REGERAL SERVICE 22. NAME AND ADDRESS OF FACILITY HUNTT FUNETAL HOME MODES 7											
21. Sill neer outeral staylor. Michael Blankenship MO0857 22. NAME AND ADDRESS OF FACILITY. HUNTT FUNETAL Home P. 0. Box 156, Wal 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac shock, or heart failure. List pnly one cause Dn each line.	Michael Blankenship W00857 P. O. Box 156, Waldorf, MD 20604-0156										
disease or condition resulting in death) a. Culture Dente Cardan resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Typical death of the condition of the	Dusen	se!									
Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING											
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):	a. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS									
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): 240 PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 240 PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 240											
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. DUE TO (OR AS A CONSEQUENCE OF):	a. WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?									
Sequentially list conditions, any leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUE	a. WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO									
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THE REPORT

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mounts after death. Page 6 may be retained TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO BE COMPLETED

5

6 Could not be determined

REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. T													
	RA ELIZ	ARETH	WHITBY	,					2. DATE 0 MONTH 10	DAY	91	YEAR	3. TIME OF DEATH
4. SOCIAL SECURI		5. SEX	6. AGE (In yrs. Ia		IF UNDER 1	YEAR	IF LINDS	R 24 HRS.	7. DATE O	15 E BISTH		6 BIOTUD	5:20 PM
216-40-4	1333 (If not institution, give	1 🗆 M 2 💥 F	57	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month 4-4	-1934		Mary	land
4 B	y Marylan		Center		Bal	-		ION OF DE	АТН		9c. COUNT	imor	
Maryland	10b. COUNT	ry		Pres	town of ston	LOCAT	ION						10d. INSIDE CITY LIMITS?
10e. STREET AND						10f.	ZIP COD	E			10g. CITIZ		IAT COUNTRY?
Rt. 1 E	ox 19-1						216	55			US	A	
11. MARITAL STATE 1 Never Married 3 Widowed 4	2 X Merried	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 X	NO NO	11	yes, spe	elfy Cubi	OF HISPANI nn, Mexicen Specify	i, Puerto Ri	(Specify Yas o	or No	14. RACE - Black, Specify	- American Indian, White, atc.
Elementary/Sec		JCATION e completed) College (1-4 or 5 d	(C)	CEDENT'S live kind of w Do NOT us	rork done du e retired.)	CUPATIO	IN st of worki	ing	16b. I	KIND OF BUSI	NESS/INDU	STRY	
17. FATHER'S NAME	NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname)								(mame)				
Louis W	cuis W. Cheezum							ary l			onnamo,		
19a, INFORMANT'S			19	b. MAILING	ADDRESS	Street ar				r, City or Town,	State. Zip (Code)	
James	S. Whitby			t.1 B								,	
20s. METHOD OF C	remation 3 - Ran	noval from Stata	20b. PLACE cemetery, cre	ANDDATEC	F DISPOSIT	ION (Na	me of		DATE		ation — c		
	FUNERAL SERVICE LI			1	Ne	NA SMA	m F	unera	l Hor	ne			
23. PART I. Enter	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such ea cerdiac or respiratory errest, ehock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final											Approximate Interval Between Oneet and Death	
disease or cond resulting in dee	ition —	. Resp	failur	1+	meu	ma	ria						2 wks
Sequentially list		a. Respone to	ONLIS A CONSE	BILE	AST	ea	nci	1					1 Year
If any, leeding to cause. Enter UN CAUSE (Disease	DERLYING	DUE TO	(OR AS A CONSE	OUENCE OF):								
that initiated ever resulting in dea	inte	DUE TO	(OR AS A CONSE	OUENCE OF):								
PART II. Other	faul une	ne contributing to	deeth but not i	resulting l	n the und	erlying	ceuse	given in F		PERFORM	ED?	0	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
25. WAS CASE REFI	BRED TO MEDICAL												
EXAMINER?	No No	HOSPITAL:	50.0	D = 5: T	OTHER:			EATH (Chec					
27. MANNEB OF DE		28s. DATE OF	ER/Outpatient 3	28b. TIME		g Home 8c. INJU		esidence 6			HIM SSC	1050	
1 Natural 2 Accident	5 Pending Investigation	(Month, D	ay, Year)	INJU	JRY M	1 Y	RK? ES 2[zeo, UESC	RIBE HOW INJ	JUHY OCCL	MED	
3 Suicida			F INJURY At ho										

29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) M.D. 10/15/91 D25244 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ans U. Md. Cancer Cfr, 22 S. Greene St., Belto, Hd 21201 June Jairdoon-Randers Jeffrey S. A 31. DATE FILED (Month, Day, Year) OCT 17 1991 Abrams

28s. PLACE OF INJURY — At homs, ferm, street, fectory, office building. etc. (Specify)

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

LANGE TERRITO MERCENSIA

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	20	a a		
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TO THE FUNERAL DIRECTOR: After this certificate his be filed within 72 hours after death with the State DIMPORTANT: If Item 28 is marked, or Item		as b	lept.	23
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TO THE FUNERAL DIRECTOR: After this be filed within 72 hours after death wit IMPORTANT: If Item 28 is marke		Cer	中	0,0
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TO THE FUNERAL DIRECTOR: be filed within 72 hours after (IMPORTANT: If Item 28 is		After	death	E
TO THE FUNERAL DIRECT be filed within 72 hours at IMPORTANT: If Item 2		OR:	fter	8
TO THE FUNERAL DIF be filed within 72 hou IMPORTANT: If Ites		SECT.	ILS a	m 2
TO THE FUNERAL be filed within 72 IMPORTANT: If		TO.	hou	te
TO THE FUNI be filed within		FRAL	n 72	=
TO THE De filed N		FUNE	withi	AN
De fi		HE	led	OR
		5	be fi	Σ

	FOR							1 32	391		
	1 - STATE REGISTRAR	STATE OF M				HEALTH AN	D MENTAL HYGIEN	-			
	1. DECEDENT'S NAME (First, Middle, Last)			111110	AIL OI	DEATH	2. DATE OF DEATH).	3. TIME OF DEATH		
- 3	John WESLEY	W	lilmer				11 7	91	7:30 P M		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last bit		UNDER 1 YEAR	IF UNDER 24 HR		8. E	BIRTHPLACE (State or Foreign		
1	216-14-9380	1 M 2 F	75	YRS. MO	NTHS DAYS	HOURS MIN	12-3-15	I	MARYLAND		
1	9a. FACILITY NAME (If not institution, give st	reet and number)		9b.	CITY, TOWN	OR LOCATION OF	F DEATH	9c. COUNTY	OF DEATH		
ō.	Memorial Ho	spital		E	astor			Tal	bot		
DIRECTOR	10a. STATE 10b. COUNTY		1	Oc. CITY, TO	OWN OR LOCA	TION			10d, INSIDE CITY		
뚬	MARYLAND TAL	BOT		CORI	DOVA				LIMITS?		
AL	10e. STREET AND NUMBER				10	1. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?		
FUNERAL	12983 NEWTOWN VII	LLAGE ROA	D			21625			USA		
S S	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARMEI	D		ENDENT OF HIS	PANIC ORIGIN? (Specify Ya		RACE — American Indian, Black, White, atc.		
ВУ Б	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WA	YES 2 NO			ecify Cuban, Ma 2 X NO Sp	xican, Puarto Rican, atc.)		Black, White, atc. Specify: BLACK		
1	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(Give I	cind of work NOT use ret	done during mo	ON ost of working	16b. KIND OF BU	SINESS/INDUST	RY		
PLE	SECONDARY	College (1-4 or 5+)	110.20				47777				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			LABC	RER	18 MOTHER'S	ALLIED NAME (First, Middle, Maiden	MOVING	VANS		
Ш	JOHN WESLEY WILM	ER SR					IE STEWART				
00	19a. INFORMANT'S NAME (Type/Print)	DR DR.	19b, M	AILING ADD	DRESS (Street a		TE SIEWARI ral Route Number, City or Tow		le)		
2	MARY LOUISE WILM	ER									
	MARY LOUISE WILMER 12983 NEWTOWN VILLAGE RD., CORDOVA, MD. 21625 20e. METHOD OF DISPOSITION 1 (St Buriel 2 Cremation 3 Removal from State Cemetery, granting or of their place) 4 Donation 5 Other (Specify) 20b. PLACE AND DATE 20c. LOCATION — City or Town, State Cemetery, granting or of their place) NEWTOWN CEMETERY 11/13/91 CORDOVA, MD.										
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	MEWI	OWIN C			FACILITY BENNIE				
	Man & Q	rince					28, HURLOCK,				
	23. PART . Enter the diseees, or contains the second of th	omplications that	ceueed the deeth	. Do not e	enter the mo	de of dying, s	such ea cardlec or reep	iretory arrest,	Approximate		
	IMMEDIATE CAUSE (Finel	let only one cade	e on each line.	1					Oneet and Deeth		
	disease or condition resulting in deeth)	rose	mater	-	The Or	10-					
		DUE TOW	OR AS A CONSEQUE	NICE OF	7			_			
NO	Sequentially list conditions.	con	Jestwe	-6	eat	I ko	ilne + R	Leual	7		
RTIFICATION	If any, leading to immediate ceuse. Enter UNDERLYING	DAR 10 K	OPLAS A CONSEQUE	worder on	to	a	use care	bre	Linostha		
FIC	CAUSE (Disease or Injury that initiated events	30 Luc	ORI MAN	Leby-	and	0	700	cooky	orstaled		
E	resulting in deeth) LAST		130501	- 0	. OA		20 110	CALT	OI DICULA		
CE		- CAY	1 XC020 1		grew	anen	LHS	COT	1. 1415.		
AL	PART II. Other significant conditions	contributing to d	leeth but not reeu	Iting in th	underlyln	g cause given	In Pert I, 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIDE TO		
PHYSICIAN: MEDICAL	_ Choice	0						NO	CDMPLETION OF CAUSE OF DEATH?		
ME	- dente + a	hiorice	alcoh	olis	Lon				1 TYES 2 NO		
ž.											
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HØSPITAL:		OT	28. PL HER:	ACE OF DEATH	(Check only one)				
ΥS	1 YES 2 NO	1	ER/Outpetient 3 🗆 I	DOA 4	Nursing Hom		a 6 Other (Specify)				
- 1	1 Natural 5 Pending	(Month, Day		b. TIME OF INJURY	WO	RK?	28d. DESCRIBE HOW I	NJURY OCCURE	D		
BY	2 Accident Investigation	200 PLACE OF	IN HIPY As here			YES 2 NO					
	3 Suicida 8 Could not be 4 Homicide datarmined	building, et	INJURY — At homa, tc. (Specify)	iarm, street	, factory, offic		28t. LOCATION (Street a City or Town, State)	and Number or Ru	ural Route Number,		
COMPLET	29a. CERTIFIER										
MP							lus to the cause(s) and mar				
00	Management of the second secon	The Came of Exa	The straight lives	mysnon, in	my opinion, d				see(s) and manner as stated.		
BE	296 MIGNATURE AND TITLE OF CENTIFIER	A () -	- W)		29c. LICENSE N	O O O	29d. DATE SIG	NED (Mpnth, Day, Year)		
0	20 NAME AND ADDRESS OF PERSON HIM	ineu	4	1		yo	4707		18191		

M. D

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 21) (Type, Print)

T. DAW KI NS TR

(bar) 32. REGISTRAR'S SIGNATURE

Luka Vairdson-Randalle

ALBERT

NOV 1 3 1991

DHMH-16 Rav 1/89

508 FASTA

DLEW

	(I
BALTIMORE, MARYLAND 21215-0020	SICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.

	1 - FOR STATE REGISTRAR	STATE OF		D / DEPAR CERTIF			EALTH AND	MENT	AL HYGIEN REG. NO		32392	
	T. DECEDENT'S NAME (First, Middle, Last)	1	TT 1-1					MON	E OF DEATH	O	3. TIME OF DEATH	
	James E	dward	Whith	s. lest birthday)	IF UNDER 1	YEAR	IF UNDER 24 HRS.	1(E OF BIRTH			
	218-24-4918	1 XM 2 F	61	YRS.		DAYS	HOURS MIN.	(Moi	nth, Day, Year)		BIRTHPLACE (State or Foreign Country)	
1	9e. FACILITY NAME (If not institution, give s		01		9b. CITY, 1	rown o	OR LOCATION OF (21-29	9c COUNT	Maryland Y OF DEATH	
CTOR	Memorial Hospital Easton Talbot											
DIRE	Maryland Caro				y, town on edera						10d. INSIDE CITY LIMITS? 1 YES 2 M NO	
NERAL	Rt.2 Box 381B 21632 USA										SA	
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4XXDiverced	12. WAS DECEDED FORCES? IF YES, GIVE V	NT EVER IN U.S I X YES 2 MAR OR DATES	. ARMED	If y	yea, sp	ecify Cuban, Mexic 2 NO Spec	can, Puerto	IN? (Specify Yes Rican, etc.)	n or No— 1	4. RACE — American Indien, Black, White, etc. Specify: White	
TED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18a	DECEDENT'S	work done dui	UPATIO	ON st of working	18	b. KIND OF BU	SINESS/INDU		
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Route		es	man		Bake	ry		
ed at one	Fred E. Whitb	у					18. MOTHER'S N		Gord			
TO E	19a. INFORMANT'S NAME (Type/Print) J. Gordon Whit	by					nd Number or Rural Ville l					
must b	20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of cometery, crematory or other place) 20c. LOCATION — City or Town, State											
in a	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 10 Veterans Cemetery 10-23 Beulah, Maryland 22. NAME AND ADDRESS OF FACILITY											
ехаш	Newnam Funeral Home 200 S. Harrison St., Easton, MD											
injury, or other traumatic event, the medical examiner must be notified at once. **L CERTIFICATION** TO BE COM	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory strest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):											
MEDICA	PERFORMED? AVAILABLE PRIOR TO										OF DEATH?	
YSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	28. PL	ACE OF DEATH (C	heck only o	ine)			
ō ≥ :	1 (N) YES 2 ND 27. MANNER OF DEATH	1 Inpetient 2			4 Nursin	_	5 Realdence	_				
BY PHY	1 Natural 5 Pending 2 Accident Investigation	28e. DATE DF (Month, D		28b. TIMI	URY	WOI		28d. DE	SCRIBE HOW II	NJURY OCCU	RED	
Z8 IS	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE O building,	F INJURY — At etc. (Specify)	t home, farm, e	treel, factory	, office		28f. LOi City	CATION (Street a or Town, State)	and Number or	Rural Route Number,	
의											cause(a) and manner ea stated.	
BE	296. SIGHAPARE AND TITLE OF CENTRIES	Cè					D24	76°	7	29d. DATE S	IGNED (Month, Day, Year)	
10	30. NAME AND ADDRESS OF PERSON, WHO	1/10,10	(D.	10	Print) Box	8	22	Ea	ston	. 19		
	OCT 2 2 199		A Saudo	en	ell.					,		

Julia Savidson-Randalle

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	TO THE HIGHER OF ATTENDING PHYSICIAN The INVINIOR THE BACK CATIFICATE DE EXECUTED WITHIN 2 AUX SITES AFOR DESCRIPTION OF THE PROPERTY. PAGE 6 IN	TO THE HISPITAL OF ATTENDING PHYSICIAN THE TAN WILLIAM SEEN CERTIFICATE DE EXECUTED WITHIN SECUNDS after death. Page 6 in TO THE FUNESHIELD THEORY MINE IN DET THE THREAD THE COMPLETEN MINE IN DET THE THREAD THE SECUND SEC	TO THE FLINETAL OF ATTENDING PHYSICIAN. The law was a market of seal certificate be executed within 2. Julys after death. Page 6 in 10 THE FLINETAL SHEEDING AME the tuneral director as most of the tuneral director as most 7. Hours the seal within 7. Hours the seal with the seal within 7. Hours the seal within 12 Hours the seal with the seal within 12 Hours the seal wit	TO THE HISPITAL OF ATTENDING PHYSIOM, The tark manner that we are certificate be executed within 2. July after death. Page 6 in TO THE FURESHAL DIRECTOR. And the funeral director, by medical within 72 hours that describe the formal Mygiene prior to burial, cremation, or removal. IMPORTANT: If them 25 is marked, or them 25 shows any injury, or other traumatic event, the medical examiner must

	FOR STATE REGISTRAR		STATE OF M			RTMENT OF			MENTAL HYGI			2093	
	1. DECEDENT'S NAME (First, MWILLIAM L)	LOYD		N					2. DATE OF DEATH MONTH		91	3. TIME OF DEATH 11:10 AM M	
)	4. SOCIAL SECURITY NUMBER 215-26-7328 9a. FACILITY NAME (If not instit		5. SEX 1 M 2 F reet and number)	6. AGE (In yrs	yrs.	MONTHS DAY	S HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year 9 16	1914	Count	ginia	
TOR	Meridian - The Pines					Easto		Talbot					
FUNERAL DIRECTOR	Maryland 10b. COUNTY Talbot					e. CITY, TOWN OR LOCATION Easton				10d. INSIDE CITY LIMITS? 1 X YES 2 N			
VERAL	1503 Mulberr	1503 Mulberry Hill					101. ZIP CODE 21601			U	10g. CITIZEN OF WHAT COUNTRY? USA		
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES				ON	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuban, Maxican, Puerto Rican, atc.) 1 YES 2 NO Specify:				fas or No— 14. RACE — American Indian, Black, White, atc. Specify: White			
COMPLETED	15. DECEE (Specify only in Elementary/Secondary (0-1)			,	Give kind of the Do NOT u	USUAL OCCUP work done during se retired.)	ATION most of working	ng	186. KIND OF				
BE COM	17. FATHER'S NAME (First, Midd Van Lew Wa	lton					La	aura	ME (First, Middle, Mail Saurs	iden Sumame)			
0	19a. INFORMANT'S NAME (Type Elizabeth B. V								ton, MD 2		(ip Code)		
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Ramoval from State 4 Donation 5 Other (Specify)			oth	LACE OF DISPOSITION (Name of cemetery, crematory or ther place)				20c. LOCATION — City or Town, Stata Preston, Maryland				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 122. NAME AND ADDRESS OF FACILITY Newnam Funeral Home 200 S. Harrison St., Easton, MD												
	23. PART 1. Enter the dia- shock, or hes IMMEDIATE CAUSE (Fine disease or condition resulting in death)	eaaea, or c art failure.	complications that List only one ceu	caused the	death. Do	eal.	mods of dy	Ing, suc	the second accordance or re	sspiratory s	errast,	Approximata Interval Batwaan Onsat and Dasth	
CERTIFICATION	Sequantially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initisted events resulting in desth) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
BY PHYSICIAN: MEDICAL CI	PART II. Other significan	t condition	as contributing to	death but r	THE A	in the underly	ying csusa	given in	1.00	S AN AUTOPS RFORMED?	Y 24	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICIA	25. WAS CASE REPERRED TO EXAMINERY 1 TYPES 2 NO	MEDICAL.	HOSPITAL:	ER/Outpatia	nt 3 🗆 DOA	QTHER:	Home 5 R						
Y PHY	28a. DATE OF INJURY (Month, Day, Year)				28b. TII								
	2 Accident Investigation 3 Burctle & Could not be determined 4 Hamilide determined										Route Number,		
COMPLETED	Urself mild	AL EXAMINE			1		on, death occu		lime, data and plac	a, and dua 10	the cause	(s) and menner as stated. D (Month, Day, Year)	
TO BE	39 NAME AND ADDRESS OF	110	6	SE OF DEATH	(ITEM 27) (Typ	A RU	100	27	409	>	11-	4.91	
9	Lawrence D. 31. DATE FILED (Mount), Day, N	Bohar 1991	22 DECISTRA		ants La Re Fondall	ne, Eas	ton, M	D 21	601				

	1. DECEDENT'S NAME (First, Middle,	, Last)	1	WALLAC		REG. NO.		3. TIME OF DEATH	
	AMELIAN	F.	V	CALLAC	F	MONTH - ZAY	YEAR	0405	
	4. SOCIAL SECURITY NUMBER 220-01-7047		GE (In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	9 8. BIRT	HPLACE (State or Foreign try) Md.	
1	9a. FACILITY NAME (If not institution,			9b. CITY, TOWN	OR LOCATION OF DE		COUNTY OF	DEATH	
E	PENINSII A RESIDENCE OF DECEDER 10a. STATE 10b. C				SBURY		WICON	1ICO	
DIRE	Md.	Wicomico	10c. CIT	Nanti				10d. INSIDE CITY LIMITS? 1 1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER	o. BOX 19			21840	100		S.A.	
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ETED	15. DECEDENT (Specify only highest Elementary/Secondary (0-12)	S EDUCATION It grade completed) College (1-4 or 5+)	18a. DECEDENT'S (Give kind of life. Do NOT u	S USUAL OCCUPATI work done during mass retired.)	ON ost of working	16b. KIND OF BUSINES	S/INDUSTRY		
MPLET	7	0	Home	Maker					
E COM	17. FATHER'S NAME (First, Middle, La Johnny Pe	· ·				ME (First, Middle, Maiden Surne ie Nutter	nma)		
TO B	19a. INFORMANT'S NAME (Type/Print Nan V. Ga					icoke, Md.		10	
	20e. METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3		20b. PLACE AND DATE	OF DISPOSITION (N	ame of	DATE 20c LOCATIO	N — City or T	own State	
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	IMMEDIATE CAUSE (Finsi	illurs. List only ons cause or	sed the desth. Do		ode of dying, suc	h ss csrdiec or reepirator	y errsst,	intervel Betw	
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ED BY PHYSICIAN: MEDICAL CERTIFIC	IMMEDIATE CAUSE (Finsi disasse or condition resulting in desth) Sequentisity list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST PART II. Other significant conditions in the condition of the condition of the condition of the cause of the	DUE TO (OR A DUE TO (OR A DUE TO (OR A d. PHYSICIAN: To the beet of my kn	LIS A CONSEQUENCE OF A	in the underlyin 28. Pi OTHER: 4 Nursing Horr BE DF 28c. INJ UNY M 1 1 1 atreet, factory, officed at the time, date	g causs given in LACE OF DEATH (Che to 5 Residence IURY AT RRY? YES 2 NO	PSIT I. 24a. WAS AN AUTO PERFORMED: 1 YES 2 N BOCK only one) 5 Other (Specify) 28d. DESCRIBE HDW INJURY 28f. LOCATION (Street and No. City or Town, State)	y errsst, PSY 24t O CCURED Imber or Rural a stated.	intervel Betw Onset and Di WERE AUTOPSY FINDH MAILABLE PRIOR TO COMPLETION DF CAUS DF DEATH? 1 YES 2 NO	
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D BY PHYSICIAN: MEDICAL CERTIFIC	IMMEDIATE CAUSE (Finsi disasse or condition resulting in desth) Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disasse or injury that initiated evants resulting in death) LAST PART II. Other significant conditions are sufficient conditions. 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH 1 Natural Partitude Count in the conditions of	DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A d. PHYSICIAN: To the beet of my kn AMINER: On the beet of axemine	AS A CONSEQUENCE OF A C	in the underlyin 28. PI OTHER: 4 \(\text{Numing Home } \) URY M 1 \(\text{VO} attreet, factory, office the time, date on, in my opinion, compared to the time, date on the time of the time.	g causs given in LACE OF DEATH (Che to 5 Residence UNY AT PIRK? YES 2 NO	Part I. 24a. WAS AN AUTO PERFORMED: 1 YES 2 N BOTH OF COMMENT OF	y errsst, PSY 24tt O CCURED Imber or Rural a stated, to the cause(intervel Betw Onest and D were autopsy findi AVAILABLE PRIOR TO COMPLETION DF CAU DF DEATH? 1 YES 2 NO Route Number,	

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 3. TIME OF DEATH 3 25 Joanna iant 91 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) TH UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign 88 213-74-4368 1 M 2 DF HOURS YRS. 903 June 11 9a. FACILITY NAME (If not institution, give street and nu 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR PENINSULA GENERAL HOSPITAL SALISBURY WICOMICO RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY ma Wicomico aliobur 1 FES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Drive burial-transit Innit 4.5.14 2/80 after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 DIO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No—it yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 Specify: 14. RACE — American Indian, Black, Whita, atc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced BY the 35 COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use refired.) 16b. KIND OF BUSINESS/INDUSTRY use (Specify only highest grade co 10 Elementary/Secondary (0-12) College (1-4 or 5+) Elembruse page 5 should be detached wife once. 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) lliam be notified at BE 19a. INFORMANT'S NAME (Type/Print) 2 R+# 0 Sellisprong Ihomas 200 METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must DATE director, p * Donation 5 D Other (Specify) Memory examiner 21. SIGNATURE OF FURTERIAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY the funeral removal medical 23. PART i. Enter the diseeses, or complications that ceused the deeth. Do not enter the mode of dying, euch as cardiec or reepiratory filled in by Approximate shock, or heert fallure. List only one ceuse on each line. Intervel Between Onset end Deeth IMMEDIATE CAUSE (Fine) the een signed by the attending physician and completely fille of Health and Mental Hygiene prior to burial, cremation, diseese or condition_ reumonia reculting in deeth) traumatic event, DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if eny, leading to immediate ceuse. Enter UNDERLYING other t CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST 10 any injury, PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Pert i. MEDICAL 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO Shows 1 YES 2 NO DIRECTOR: After this certificate has been hours after death with the State Dept. of Hyponatremi'o PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) Hem **EXAMINER?** HOSPITAL:
1 Propertient 2 ER/Outpatient 3 DOA OTHER:
4 □ Nursing Home 5 □ Rasidence 6 □ Other (Specify) 1 YES 2 NO 0 27. MANNER OF DEATH 28a. DATE DF INJURY (Month, Day, Year) marked, 28b. TIME DF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending 1 YES 2 NO BY Investigation 2 Accident OR ATTENDING 26t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28a. PLACE OF INJURY - At home, term, street, tactory, office S 3 Sulcida 6 Could not be datarmined COMPLETED 28 4 Homicide MPORTANT: It item 29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPITAL OF TO THE FUNERAL D 2 MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 28c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) IND thawa Messe 41586 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27), (Type, Print) Laurel 31. DATE FILED (Month, Day, Year)
NOV 0 7 1991 32. REGISTRAR'S SIGNATURE 3

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BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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					HEALTH AND	MILITIA	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)				7.1.1.77.1.1		2. DATE	OF DEATH	AY .	YEAR	3. TIME OF DEATH
JESSICA		MARIE		ILKINS	ON	11	7	ř	949	5:30 A
4. SOCIAL SECURITY NUMBER 214-82-1482	5. SEX	6. AGE (In yrs. Ia	si birthday) YRS.	MONTHS DAYS	HOURS MIN.	7. DATE	OF BIRTH 1, Day, Year) - 22-1	965	Counti	PLACE (State or Foreign
P.O. BOX 330 J		LANE			PLAINS	EATH			HARI	
	arles		10c. CIT	White	Plains					10d. INSIDE CITY LIMITS? 1 YES 2 NO
P. O. Box 330	Jay Be	e Lane			01. ZIP CODE 20695	5			ZEN OF V	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 X Merried 3 Uldowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 X	MED	If yes,	CENDENT OF HISPA specify Cuben, Mexic S 2 XXX Speci	an, Puarto F	? (Specify Yas Rican, atc.)	or No-	Snec	American Indian, k, Whita, etc.
15. DECEDENT'S EDUC (Specify only highest grade Elamentery/Secondery (0-12)	CATION completed) College (1-4 or 5 +	life	Do NOT us	work done during the retired.) Wife	TION nost of working	186.	KIND OF BUS		USTRY	
17. FATHER'S NAME (First, Middle, Lest) James Leonard (Gray, S	r.			18. MOTHER'S NA	ME (First, A	Middle, Maiden	sumame) Marr		
Joseph A. Wilk:	inson,	Sr.	6. MAILING	ADDRESS (Street	end Number or Rural 330, Wh	Route Numb	Plair	n, State, Zip	Code)	20695
20e, METHOD OF DISPOSITION Multiple 1 2 Cremation 3 Remode 4 Donetion 5 Other (Specify)	oval from State	20b. PLACE complety. cre	AND DATE OF OT	OF DISPOSITION (Metery	1 1 -	20c. LOC	Lasc	City or To	wn, Stata
Michael B	Tankens	1	0085	22. NAME Hunt	t Funer	al F	lome			
23. PART I. Enter the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Finel disease or condition resulting in desth)	SMALL	se on eech lina	str.	ANGULA	ode of dying, suc	ch es cerd	lec or raspi	rstory ern	est,	Approximeta Intervel Batween Onset and Deeth
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	MESENT DUE TO	CERIC E			ND					
CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO	OR AS A CONSEC	OUENCE OF	7):						
PART II. Other significent conditions	s contributing to	death but not r	esulting i	n the underlyl	ng cause given in	Part i.	24s. WAS AN PERFORI	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIDR TO COMPLETION OF CAUSE

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 27. MANNER OF DEATH 1X Natural 5 Pending

2 Accident

3 Suicide

4 Homicide

HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA 28e. DATE OF INJURY (Month, Day, Year)

OTHER:
4 □ Nursing Home 5 □ Residence 8 □ Other (Specify) 286. TIME OF INJURY 28c. INJURY AT WORK? М 28e. PLACE OF INJURY — At home, term, streat, factory, office building, etc. (Specify)

OTHER:

28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO

26. PLACE OF DEATH (Check only one)

29c. LICENSE NUMBER

O.C.M.E.

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29d. DATE SIGNED (Month, Day, Year)

NOVEMBER 5, 1991

29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date and place, and due to the ceuse(a) and menner as stated.

2 X MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(a) and manner as stated. 200 SCHATURE AND TITLE OF CERTIFIER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MARGARITA Α. KORELL M.D.

Investigation

8 Could not be determined

111 PENN ST. BALTIMORE, MD.

1 4 Yes 91 32. REGISTRAR'S SIGNATURE Lucia Tavidson Randelle 56

		Officers and
	272 = 1	

DHMH-16 Rev 1/89

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 constance death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	cate be execut	hysician and a prior to buri	er traumatic
	death certific	e attending p	ury, or othe
	equires that the	en signed by the	hows any in
A CONTRACTOR	IAN: The law r	tificate has be e State Dept.	or item 23 s
	DING PHYSIC	After this cer death with th	s marked, (
	THE HOSPITAL OR ATTEN	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the further filled in by the furth after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	ORTANT: If item 28 I
	2	5 9	IMP

- STATE REGISTRAR		CERTIFIC	CALE OF	DEATH	Н	EG. NO.			
1. DECEDENT'S NAME (First, Middle, Lest		1	W	leud lor	2. DATE OF I	DEATH	MEAS!	3. TIME OF DEATH	
Howard John We					_//	//	7/	1/10	
4. SOCIAL SECURITY NUMBER	404405	WD0 M	IF UNDER 1 YEAR HONTHS DAYS	HOURS MIN. 7. DATE		TE OF BIRTH onth, Day, Year)		s. BIRTHPLACE (State or Foreign Country)	
214-18-0055 a. FACILITY NAME (If not Institution, give	M 2 F 7:		ah CITY TOWN O	R LOCATION OF DE	1 8			Maryland NTY OF DEATH	
Carroll County			Westmi		SAIR	Ca			
RESIDENCE OF DECEDENT		-							
oo. state 10b. coun	TY		Airey	ION			10d. INSIDE CITY		
00. STREET AND NUMBER		FIC.	-	ZIP CODE			1 TYES 2 NO		
321 Pommel Drive				21771			J.S.A		
1. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED		ENDENT OF HISPAN	IIC ORIGIN? (S				
Never Merried 2 Married	FORCES? YE YE	S 2 NO	If yes, spe	2 NO Specify	n, Puerto Rica		Black	E — American Indian, k, White, atc.	
Wildowed 4 Divorced	WW							White	
15. DECEDENT'S ED (Specify only highest grad	DUCATION de completed)	16a. DECEDENT'S U (Give kind of wo	ISUAL OCCUPATIO ork done during mos retired.)	N st of working	16b. KIN	ID OF BUSINESS/IN	NDUSTRY		
Elamentary/Secondery (0-12)	College (1-4 or 5+)	Retired			Ga	s & Elec	tric	Co.	
7. FATHER'S NAME (First, Middle, Last)		1.0022.00		16 MOTHED'S NA		le, Maiden Surname)			
John Wendler					Gulbin				
9a. INFORMANT'S NAME (Type/Print)		19b, MAILING A	ADDRESS (Street ar	nd Number or Rural I	Route Number (City or Town, State. Z	Zip Code)		
Herbert Wend	dler			ve., Bal					
OF METHOD OF DISPOSITION		ob. PLACE OF DISPOSIT	TION (Name of cerr	netery, crematory or		20c. LOCATION -			
☐ Buriel 2 ☐ Cremation 3 ☐ Re ☐ Donetion 5 ☐ Other (Specify)	moval from State	Woodlawn				Woodla	awn,	Md.	
1. SIGNATURE OF FUNERAL SERVICE I	LICENSEE		22 NAME AN	D ADDRESS OF FA	CILITY				
D 74 7						TT 17 7103	(33)		
23. PART I. Enter tha disease, Dishock, or haart failure immediate CAUSE (Final disease or condition resulting in daath)	r complications that cause. List only one cause on	and the death. Do no and line.	HARRY 4112	H. WITZ	KE FUN	ike Elli	cott	C1ty_Md_2 Approximata intervsi Batwee Onset and Daa	
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shock, or haart delium immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	S A CONSEQUENCE OF) S A CONSEQUENCE OF)	HARRY 4112 ot antar the model ii	H. WITZ Old Colu da of dying, suc	KE FUN mbia P h as cardiac	rike Elli	Cott rest, 1	Approximata interval Batwee Onset and Das	
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3401 United Ave., Balteforg, ULL 11014

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARY		MENT OF HE		MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) Susan Marian Wa	arfield	(Parlett	-1		2. DATE OF DEATH DAY	YEAR 91	3. TIME OF DEATH 4:05p M
					IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTH	IPLACE (State or Foreign
1	820-00-1530	M 2 , F	95 YRS.	IONTHS DAYS	IOURS MIN.	(Month, Day, Year) 12/05/251	K96 Count	ny) MD
1	9e. FACILITY NAME (If not institution, give street	and number)		b. CITY, TOWN OR	LOCATION OF DE		9c. COUNTY OF D	
HOL	Montgomery General	l Hospital		oln	ey		Montg	omery
DIRECTOR	Md. Howai	rd		TOWN OR LOCATIO				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 6160 Ten Oaks Road	đ		101. 2	21029		109. CITIZEN OF USA	
BY FUNE	11. MARITAL STATUS 12. 1 Never Merried 2 Married 3 Widowed 4 Divorced	WAS DECEDENT EVER FORCES? 1 TYES IF YES, GIVE WAR OR I	2 NO	It yee, spec		IC ORIGIN? (Specify Yee on, Puerto Ricen, atc.)	r No — 14. RAC Blac Spec	E — Americen Indien, k, White, etc. White
COMPLETED	15. DECEDENT'S EDUCATII (Specify only highest grade com Elementary/Secondary (0-12) C		16a. DECEDENT'S U (Give kind of wo life. Do NOT use Homema)	rk done during most retired.)	of working	18b. KIND OF BUSH	NESS/INDUSTRY	
BE COM	17. FATHER'S NAME (First, Middle, Last) William Parlet	t			18. MOTHER'S NAI Annie	ME (First, Middle, Maiden S SCott	urname)	
TO B	Jean Warfield					clarksville		1029
	20e, METHOD OF DISPOSITION 1 Description 1		other place)				RKSVILL	
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE AL.	M00535	22. NAME AND	ADDRESS OF FAC	Slack I	Funeral	
CERTIFICATION	23. PART F. Enter the diseases, or come abock, or heart failure. List immediate CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	Cerebr DUE TO (OR AS Arteri DUE TO (OR AS	ovascular A consequence of) Osclerotic A consequence of)	acciden	t		story arrest,	Approximate interval Between Onset and Death 4 days
ERTIF	that initiated events resulting in deeth) LAST	DUE TO (OR AS	A CONSEQUENCE OF)	:				
CAL	PART W. Other significent conditions of Intestinal ileu Ischemic heart Valvular heart	disease	Seizures d	due to C'		Part I. 24a, WAS AN A PERFORI 1 TYES 2	AED7	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
PHYSICIAN: MEDI	1 ☐ YES ¾XNO 12	OSPITAL: Linpetient 2 ER/Ou 28e. DATE OF INJURY (Month, Day, Year)	tpatient 3 DOA 28b. TIME	OTHER: 4 Nursing Home OF 28c. INJU	RY AT	8 Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCURED	
BY	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be determined	26a. PLACE OF INJUI building, etc. (Sp	RY — At home, farm, at early)		S 2 NO	281. LOCATION (Street as City or Town, State)	nd Number or Rural	Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL EXAMINER: ((e) end manner ee atated.
TO BE C	296. SIGNATURE AND TITLE OF CONTINUES	ales.	lun		29c. LICENSE NUN D25947			D (Month, Day, Year)
F	30. NAME AND ADDRESS OF PERSON WHO CO Evelyn Jackson, M.		ren Oaks I		arksvill	e, Md. 21	029	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG						male mile
	NOV 1 3 '91	Suria Day	don-Randelle	ile .				

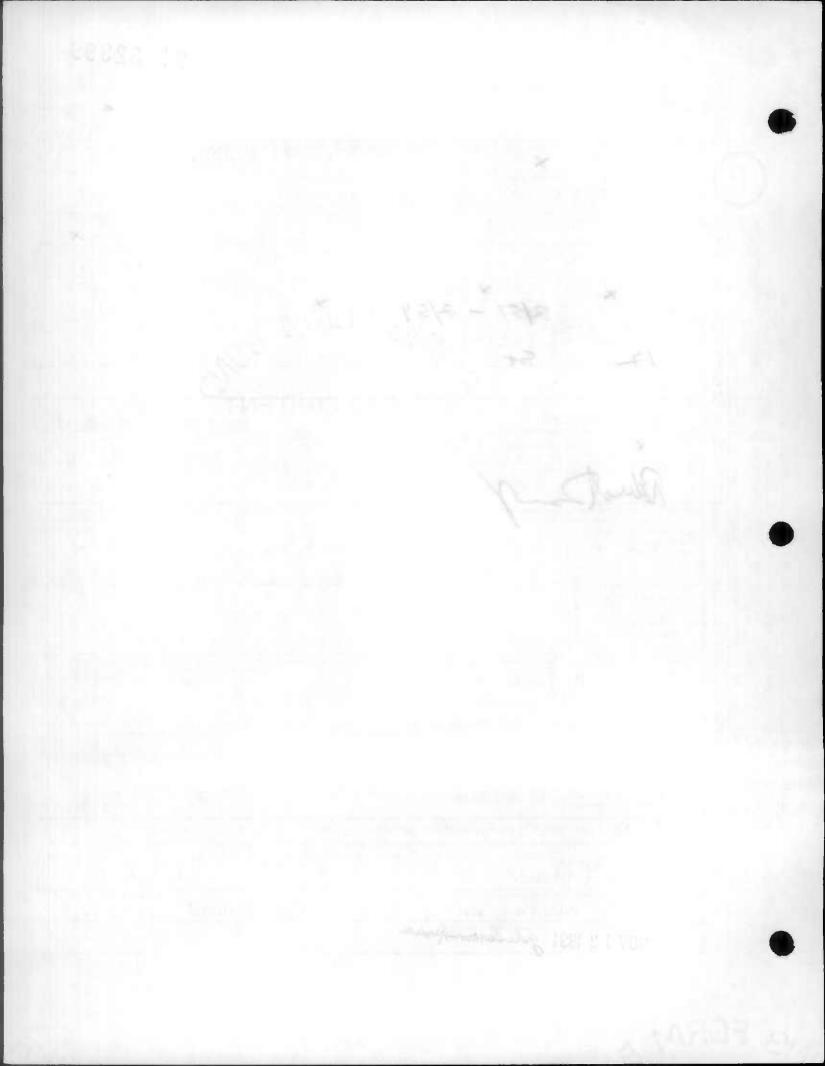
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a count after death. Page 6 may be retained by the hospital or attending phy TO THE HOSPITAL DRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the but filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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GENANO CHU
31. DATE FILED (Month, Day, Year)
NOV 1 2 1991

92, REGISTRAR'S SIGNATURE AND SEA

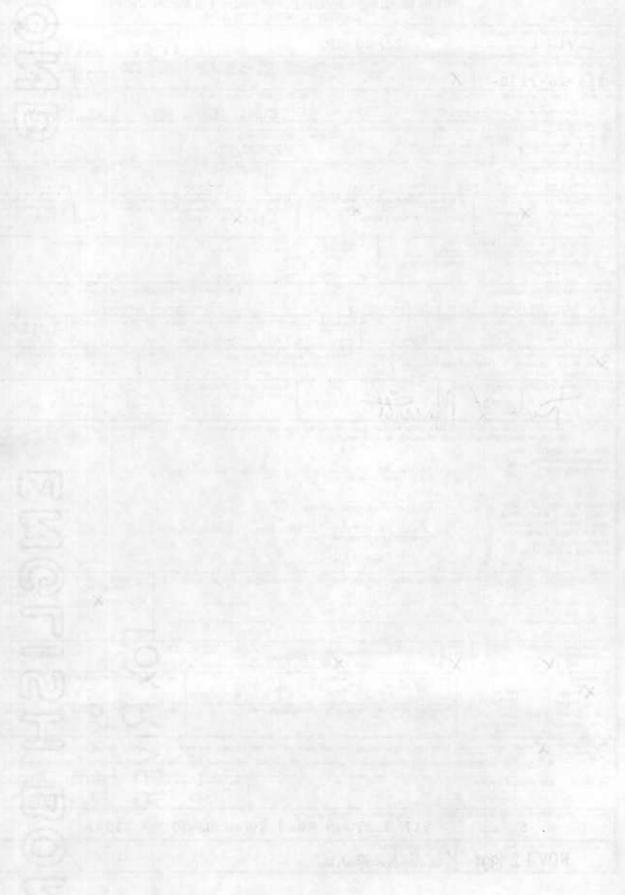
REGISTRAR			ICATE OF		MENTAL HYGIENI REG. NO.		
1. DECEOENT'S NAME (First, Middle, Last) John	Lawrence	Wor	th		2. OATE OF DEATH MONTH 11/02/	91 YEA	3. TIME OF DEATH 4:15p
4. SOCIAL SECURITY NUMBER 215-32-5214	5. SEX 6	AGE (In yrs. lest birthday) 57 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 08/23/34	8. Bi	RTHPLACE (State or Foreign ountry)
90. FACILITY NAME (If not institution, give North Arundel)				Burnie	EATH	anne	Arundel
100. SATE 100. COUNT	Me Arundel	10c, cit Pa	y, town on Loca Sadena	TION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER ROA	Ē	Berlin	10	1. ZIP COOE 211	122	U.S.	of what country?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 IF YES, GIVE WAF	EVER IN U.S. ARMED EVES 2 NO R OR DATES - 2/5 9	If yes, sp		NIC ORIGIN? (Specify Yea en, Puerto Rican, etc.) fy:		AACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondery (0-12)		(Give kind of life. Do NOT u			186. KINO OF BUS	ering E	
17. FATHER'S NAME (First, Middle, Lest) John L. Worth,	Sr.	4-11-11			AME (First, Middle, Maiden Debus		
19e. INFORMANT'S NAME (Type/Print) Mrs. Barbara Wo	nr+h				Route Number, City or Town		
20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetton 3 Rev 4 Donation 5 Other (Specify)		20b. PLACE OF DISPO other place) Metro Cr				cation - city onsville	
21. SIGNATURE OF FUNERAL SERVICE I	N		Barrar		al Home Se	itchie verna I	Hwy. Park MD 2114
23. PART I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition		on each line.	· 1	1 .1	4	ratory arrast,	Approximata Intervel Betwee Onsat and Das
resulting in death)	DUE TO (C	OR AS A CONSEQUENCE O	OF):	corry the	0136776		8 year
Sequantially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	C	OR AS A CONSEQUENCE O	DF):				
that initiated events resulting in death) LAST	d	OR AS A CONSEQUENCE O	OF):				
PART II. Other aignificant condition	percentification	eath but not resulting	in the underlyi	ng causa given ir	Part I. 24e. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28.1 OTHER:	PLACE OF OEATH (C	theck only one)		
1 YES 2 NO 27. MANNER OF OEATH 1 Naturel 5 Pending Investigation	1 Inpatient 2 I		4 Nursing Ho ME OF 28c. IN	me 5 Reeldence JURY AT ORK? YES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURE	E0
2 Deviate	28e. PLACE OF	INJURY — At home, farm, tc. (Specify)	street, fectory, off	ice	281. LOCATION (Street City or Town, State	end Number or R)	lural Route Number,
4 Homicide S Could not be determined					-		
4 Homicide determined 298. CERTIFIER (Check only) 1 CERTIFYING PHY		ny knowledge, desth occur					use(e) end menner ee atated.

EVEN GREEN NOAD



100	1. DECEDENT'S NAME (Fir	st, Middle, Last))			FICATE	0		2.	DATE OF D	G. NO.		I	3. TIME OF
*	ALICE ELIZ	ABETH	YOUNG						N	OV. 1	3. DAY	991	YEAR	6:45
1	4. SOCIAL SECURITY NUI	MBER	5. SEX	6. AGE (in yrs. lest birthday,) IF UNDER 1	YEAR	IF UNDER 24 I	IRS. 7.	DATE OF BI	RTH		B. BIRTH	PLACE (Stat
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PHYSICIAN: MEDICAL CERTIFICATION

BY

COMPLETED

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29b. SIGNATURE AND TITLE OF CERTIFIER

permit. Pages

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the hours after death. Page 6 may be retained by the hospit	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		ವ	l
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OR	DIRE	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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FOR STATE REGISTRAR	STATE OF N			TMENT OF H		MENTAL HYGIEI	NE	0 (~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
1. DECEOENT'S NAME (First, Middle, Last)				76114			DAY 100	YEAR	3. TIME OF DEATH
JOSEPH RUSSELI						NOVEMBER			1:10 P M
4. SOCIAL SECURITY NUMBER	5. SEX 1 2 0 F	6. AGE (in yrs. les	YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 08-26-3		8. BIRTHPI Country)	LACE (State or Foreign
9e. FACILITY NAME (if not institution, give	street and number)			9b. CITY, TOWN	OR LOCATION OF C	DEATH	9c. COUN	TY OF DE	ATH
SACRED HEART	HOSPITAL			CUMBE	RLAND		ALL	EGANY	7
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	Υ		I too CIT	Y, TOWN OR LOCA	TON			1	10d, INSIDE CITY
	legany			umberlar					LIMITS?
10e. STREET AND NUMBER					. ZIP CODE		10g. CITIZ	ZEN OF WH	HAT COUNTRY?
Route 8 Box 8-	Eastman F	Road			21502		U	SA	
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. AF YES 2 A AR OR OATES	MED	If yes, sp		ANIC ORIGIN? (Specify Yeen, Puerto Ricen, etc.)	ne or No—	Specify	- Americen Indien, white, etc. : vhite
15. OECEOENT'S EOU (Specify only highest grad	JCATION e completed)	/G	ive kind of v	USUAL OCCUPATION	ON est of working	16b. KINO OF B	USINESS/INO	USTRY	
Elementary/Secondery (0-12)	College (1-4 or 5 -	.)	accol	intant		Vet	erans	Hosp	oital
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	AME (First, Middle, Maide	n Surname)		
John Zombro					Flo	ra Moore			
19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (Street	and Number or Rura	I Route Number, City or To	wn, State, Zip	Code)	
Mrs. Audra Mae	Zombro		Route	e 8 Box	8 -Eastr	man Road C	umber]	Land,	MD 21502
20e MSTHOD OF DISPOSITION 1 Duriel 2 Cremetion 3 Rem	Carrel Annua Chat.			E OF OISPOSITION	(Name	OATE 20c. L	OCATION —	City or Tow	rn, State
4 Donetion 5 Other (Specify)	noval from State			or other place) St Buria	l Park	11-6	Cumber	rland	l, MD
21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	sell	11:	Sca		Funeral Hor , MD 21502	me		
23. PART V Entar the diseases, or shock, or heart fellure.				not enter the mo	ode of dying, au	ich aa cardiac or res	piratory arr	rest,	Approximate Intervei Between
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. \	Neta	1+1	atri	por	u di	ser	e	Onaet and Death
	DUE TO	(OR AS A CONSE	OUENCE O	Pi;	\ [L	Lodden			mont
Sequentially liet conditions, if eny, leeding to immediate ceuse. Enter UNDERLYING	DUE TO	(OR AS A CONS	OUENCE O	F):	1				
CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	OUENCE O	F):					

PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.

24e. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 | NO DF DEATH? 1 TYES 2 NO

29d. DATE SIGNED (Month

An 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only on HOSPITAL: OTHER: 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA ng Home 5 🗆 Reeldence a 🗆 Other (Specify) 27. MANNEN OF OEATH 28c. INJURY AT WORK? 28e. OATE OF INJURY (Month, Day, Year) 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCUREO 1 Natural 5 Pending Investigation 2 NO 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number City or Town, State) 3 Sulcide 8 Could not be 4 Homicide

29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the ceuse(e) and menner ee etated. (Check only one)

2 MEDICAL EXAMINER: On the beele of exemination end/or investigation, in my opinion, deeth occured at the time, date end place, end due to the cause(e) end menner ee atsted.

U

30. NAME AND ADDRESS OF PERSON WHO COMPLETED LAUSE OF DEATH (ITEM 27) (Type, Print)

DR. RENATO ESPINA, 907 M.D., SETON DRIVE, CUMBERLAND,

16ar) 31. DATE FILED (Month, Day, 32. REGISTRAR'S SIGNATURE Lechia Navidson NOV 0

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020	rours after death. Page 6 may be retained by the hospital or attending physician.	d in by the funeral director, page 5 should be detached for use as the burial-transit or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2s mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO).		
1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			3. TIME OF DEATH
BESSIE ASH	I				11-24-	- Q 7	YEAR	1:05 n'
4. SOCIAL SECURITY NUMBER 213-26-5980	5. SEX 6. /	AGE (In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	> 1	6. BIRTH Count	IPLACE (State or Foreign
9e. FACILITY NAME (If not institution, give	street and number)	0/	9b. CITY. TOWN	OR LOCATION OF D	8/7/C		INTY OF D	FATH
				more C		96. 000	NITOFD	EAIH
Church Hospit	Y	10c. CIT	FION			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
10e. STREET AND NUMBER 2221 CLCS 11. MARITAL STATUS	10 Aug		10	I. ZIP CODE	7		TIZEN OF Y	VHAT COUNTRY?
	12. WAS DECEDENT EN	YES 2 NO	If yes, sp	ecify Cuben, Mexic	NtC ORIGIN? (Specify Yeen, Puerto Rican, etc.)	64	14. RACE	— American Indian, k, White, etc.
3 Widowed 4 Divorced 15. DECEDENT'S EDU	IF YES, GIVE WAR			2. NO Speci			Speci	Black
	College (1-4 or 5 + j	(Give kind of	WORK done during mose retired.)	ON ost of working	166. KIND OF BU			tate
Elementery/Secondery (0-12) 17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S N	AMĘ (First, Middle, Maidel		3	737 4
190. INFORMANT'S NAME (Type/Print)	negee			MAR	tha V	No1	KII	VS
STANLEY A	sh	222	ADDRESS (Street a	l Ort	Ballo	vn, State, Zi	Code)	11218
20e. METHOD OF DISPOSITION 1 Suriel 2 Cremetton 3 Rem 4 Donetion 5 Other (Specify)	oval from State	20b. PLACE AND DATE CEMENTS COMMENTS CO	effer place)	ame of	DATE 200. LO	OCATION -	City or To	wn, State
21. SIGNATURE OF FUNERAL SERVICE LI		,	22. NAME A	ND ADDRESS OF FA	CILITY	UT TO		
Jimoth R			Lock	e dun	ud Hone	- 13	141	Veentral
23. PART I. Enter the diseases, pr shock, or heert tellure. IMMEDIATE CAUSE (Finel	Complications that ca List only one cause	used tha death. Do r on each line.	not enter the mo	de ot dying, suc	ch as cardiac or resp	iratory er	rest,	Approximate Interval Between Oneet and Deat
disease or condition resulting in deeth)	a. Rescu	na tong	dep	essia	n tal	res	+	12 hour
Sequentially list conditions,	a ruch	able b	nairs	tem	herma	- tu	0	5 hour
It any, leeding to immediate cause. Enter UNDERLYING	OLCULY	AS A CONSEQUENCE OF	Fi: brova	scula	n accia	den	+	17240
CAUSE (Disease or Injury that initiated evente	DUE TO (OR	AS A CONSEQUENCE OF						
resulting in death) LAST	d. ASCI	ID						-
PART II. Other significent condition	ns contributing to dea	th but not resulting	in the underlyin	g cauee given in	Part I. 24e. WAS AI PERFO	NAUTOPSY	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH					1 TYES	2 NO		DF DEATH?
25. WAS CASE REFERRED TO MEDICAL			26 DI	ACE OF DEATH (C)	Took only and			
EXAMINER? 1 YES 2 NO	HOSPITAL:	Outpatient 3 DOA	OTHER:		6 Other (Specify)			
I Hardran 3 Prending	28e. DATE OF INJU	JRY 26b. TIM	IE OF 26c. INJ		28d. DESCRIBE HOW	INJURY OC	CURED	
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF IN. building, etc.	JURY — At home, ferm, (Specify)			26t. LOCATION (Street City or Town, State	and Number	r or Rural F	loute Number,
29e. CERTIFIER								
(Check only	CIAN: To the beet of my i) end manner ee ateted.
296. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NU	MAER	29d. DAT	E SIGNED	(Month, Day, Year)
Carol S. Ra	mey	D.O.	19	N292	12	1	- 20	1-91
30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSES	F DEATH (ITEM 27) (Type,	, Pnnt)			117		
31. DATE FILED (Month, Day, Mar) NOV 2 6 1991	32, REGISTRAR'S	SIGNATURE AND						
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THE FUNERAL DIRECTOR: ALE filed within 72 hours after de

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TO THE HOSPITA
TO THE FUNERAL
DE filed within 72
IMPORTANT: II

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	This certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should have the State hard. Mental Hydiere prior to hurist cramation or served	
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The state of the s	r this certificate has been signed by the attending physician and completely filled in by the fill with the State Dant of Health and Mental Hydiene prior to busial cremation or removal.	arked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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91 32404 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH (REV. BEULAH C. BAKER) BAKER 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH 3. TIME OF DEATH BEULAH 24 1991 9:17 Α. 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5 SEY IF UNDER 1 YEAR | IF UNDER 24 HRS. 7 DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Month, Pay, Year) 10-10-1919 1 M 2 X F 72 YRS. 216-18-4516 MD 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR MARYLAND GENERAL HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10c CITY TOWN OR LOCATION 10d. INSIDE CITY MD BALTIMORE t X YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1431 N. CAREY STREET APT. 108 21217 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, stc. 1 Never Married 2 Married If yes, specify Cubsn, Maxican, Pusrio Rican, efc.) 1 TES 2 NO BY 3 Widowed 4 Divorced Specify BLACK COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade compile 18s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY HEALTH CARE FINANCE Elementary/Secondary (0-12) College (5-4 or 3-+) **12TH** CONTROL CLERK ASSOCIATION ST. FATHER'S NAME (First, Mickey, Link) 18. MOTHER'S NAME (First, Middle, Malden Sumame. BEULAH BRILEY JOHN WASHINGTON BE THE INFORMANT'S HAME (TOWNSON 196. MAILING ADDRESS (Street and Number or Bural Route Number, City or Town, State, Zip Code).
2103 TUCKER LANE APT. B8/BALTIMORE, MD 21207 2 JOHN T. HARROD 30s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Buriel 2 Cremation 3 Donation 5 Other (Special TEDAR HILL ANNE ARUNDEL CO, MD CEMETERY GNATURE OF JUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM.C.MARCH F.H./1101 E. NORTH AVENUE 23. PART I. Enter the diseases, or has that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate abook, or heart failure. List only one cause on each line intervsi Between Onset and Death disease or condition reaulting in death) remose DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS A/AILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL OTHER: t ☐ Inpatient 2X ER/Outpatient 3 ☐ DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED Natural Accidar 5 Pending М 1 YES 2 NO BY Accident Investigation 3 Sulcide

28s. PLACE OF INJURY — At home, farm, street, factory, offica building, stc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number City or Town, State) 4 Homicide datarmined

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. (Check only one)

2 X MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as attend.

THE SHAPPRE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Your) O.C.M.E. ▶11-25-1991

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

104 111 PENN STREET BALTIMORE MARYLAND 21201

199



200 88 1991 89 VOK

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within by mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT, It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760, LOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 at

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

CERTIFICATE OF DEATH

DECEDENT'S NAME (First, Middle, Last)

2 DATE OF DEATH

Elementary/Secondary (0-12) Collega (1-4 or 5 +) Sales F. Collega (1-4 or 5 +) F. Collega (1-4 or 5 +) Sales F. Collega (1-4 or 5 +) Sales F. Collega (1-4 or 5 +) Sales F. Collega (1-4 or 5 +) F. Collega (1-4 or 5 +) Sales F. Collega (1-4 or 6	G. NO.						
4. SOCIAL SECURITY NUMBER 195-34-8795 5. SEX 195	ATH	3	. TIME OF DEATH				
195-314-8795 IN 2 F 48 YRS SOUTHER DOWN DOWN DATE AUG. 2	2 PAY 19	9 9 1 1	2:21 P M				
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OCME	▶ 1	22					
NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)							
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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BEAUTAL SAFETURE

760, BALTIMORE, MARYLAND 21215-0020	d within 1st hours may seem Page 6 may be retained by the hospital or attending phy	mmpletely filled in by the freed director, page 5 should be detached for use as the built, cremation, or immediate	event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the page 5 should be detached for use as the bunal-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or minimal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical anaminer must be notified at once.

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,	1. Decedent's Name (First, Middle, Last) Margaret B. Bosien							2.1			YEAR 91	3. TIME OF DEATH
4. SOCIAL SECU	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday						IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH				-	HPLACE (State or Foreign
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23. PART I. Er	nter tha disease	s, or complications	that caused the de	ath Do r								
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2 Accident 3 Suicide 4 Homicide												
3 Suicide 8 Could not be determined 28. PLACE OF INJURY — At home, lerm, street, factory, office building, etc. (Specify) 28. LOCATION (Street and Number or Rural Route Number, City or Town, State)												
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-	-	XAMINER: On the beels o	exemination and/or i	nveatigatio	n, in my o	pinion, d	eath occun	ed at the t	ime, date and piece, end	dua lo th	e cause(e) end manner ea stated.
291. SIGNATURE	AND TITLE OF CE	OLD CEN						NSE NUM			SIGNED	(Month, Day, Year)
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PHYSICIAN:

BY

COMPLETED

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EXAMINER?

Natural

Suicide

4 Homicide

1 YES 2

27. MANNER OF DEATH

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 946 An 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State NUMBER B. AGE (In yrs. last birthday) IF UHDER 1 YEAR IF UHDER 24 HRS. 4. SOCIAL SECURITY DAYS 1 M 2 F YRS 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH not institution, give street BALTIMOKE MD DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, JOWN OR LOCATION 10d. INSIDE CITY LIMITS? 10a. STATE 10b. COUNTY Attmore MT 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 223 33 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. 1 Never, Married 2 Marrie IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: BY 3 Nidowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Spi (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BE 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. INFORMANT'S NAME (Type/Print) 2 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State 4 Donation 5 Other (Specify) 22. NAME AND ADDRESS OF FACILITY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE V.R 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate ahock, or heart fellure. List only one ceuse on each line. intervai Between **Onset end Death** IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immadiate cause. Entar UNDERLYING CAUSE (Diseese or injury DUE TO OR AS A CONSEQUENCE OF) that initiated evente resulting in deeth) LAST PART ii. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a, WAS AN AUTOPSY PERFORMED? MEDICAL

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 Synpetient 2 ER/Outpetient 3 DOA OTHER: 4 Nursing Home 5 Residence 6 Other (Specify) 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 5 Pending 1 YES 2 NO Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, State)

29a. CERTIFIER TING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29d. DATE SIGNED Month, Day Year, 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER

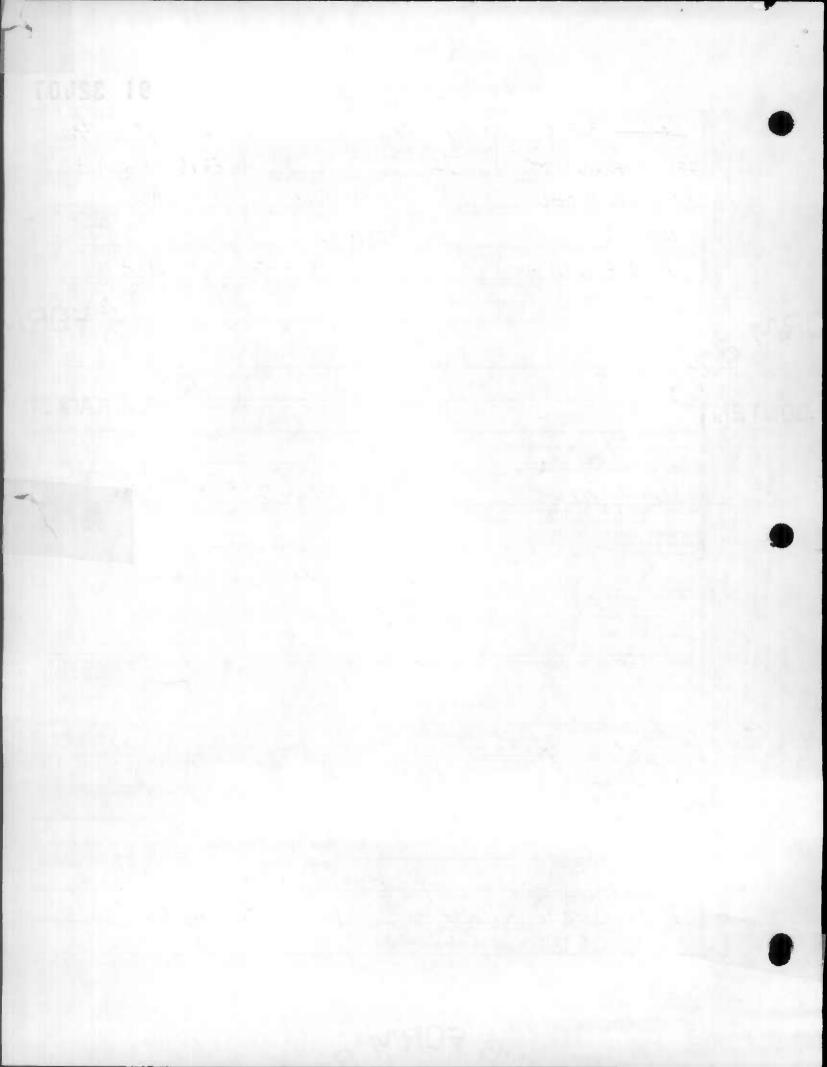
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year) 2

8 Could not be

32. REGISTRAR'S SIGNATURE Wie Deviden - Rondallo

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ho	The state of the s
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	1 - STATE REGISTRAR	STATE OF MAI		DEPARTME				HYGIENE REG. NO.	91	32408
	1. DECEDENT'S NAME (First, Middle, Last) LAWRENCE	Lawrence		ert Ba			2. DATE OF MONTH	DEATH DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 050-22-102 98. FACILITY NAME (If not institution, give str	5. SEX 6.	AGE (In yrs. last	YRS. MONT		IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF C	7. DATE OF (Month, D	BIRTH Day, Year) 4-26	Neu	LACE (State or Foreign
DIRECTOR										
	New York 10b. COUNTY	on on — ou		10c. CITY, TOV	New You					10d. INSIDE CITY LIMITS? 1 TY YES 2 NO
FUNERAL	40 E. 78th St.				10	10021			. S.	A.
BY	11. MARITAL STATUS 1 X X Naver Married 2	12. WAS DECEDENT EVEN FORCES? 1 IN IF YES, GIVE WAR	YES 2 X NO	MED D	If yea, sp	ENDENT OF HISPA ecify Cuban, Maxic 2 X NO Speci	an, Puarto Rica	Specify Yas or No— an, etc.)	14. RACE Black, Specify	American Indian, white, atc. White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elamentery/Secondary (0-12)	College (1-4 or 5+) NA	(Giv	EDENT'S USUA to kind of work do Do NOT use retire	ona during mo ed.)	ON st of working	16b. KI	ND OF BUSINESS/II	NDUSTRY	
BE CO	17. FATHER'S NAME (First, Middle, Last) Frank Baum					18. MOTHER'S N. Estel	AME (First, Midd le Bri	de Meiden Surname, Ckstein		
10	190. INFORMANT'S NAME (Typo/Print) Madelyn W. Marsha	k (Sister)	196.	MAILING ADDR	8th S	nd Number or Rural	Houte Number, York,	N. Y. 10	Cip Code)	
	20a. METHOD OF DISPOSITION 1									
	21. SIGNATURE OF FUNERAL SERVICE LICE	RVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY								
	23. PART I. Enter the diseases, or shock, or heert feliure LimmeDiaTe CAUSE (Finel disease or condition resulting in deeth)	. Stov	nach	th. Do not en	nter the mo	de of dying, suc	ch ee cerdied	or reepiratory e	rreet,	Approximete tntervei Betweei Onset end Deat
CERTIFICATION	Sequentially list conditions, if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
SAL	PART II. Other significent conditione	CONTRIBUTING to dee	th but not re	ouiting in the	underlying	ceuse given in	1000	a. WAS AN AUTOPSY PERFORMED?		VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL				26. PL	ACE OF DEATH (C)	neck only one)			YES NO
HYSIC	EXAMINER? 1 YES 2 YOU 27. MANNER OF DEATH	1 Sportlant 2 ER/	JRY	28b. TIME OF	IER:	5 🗆 Rasidenca	6 Other (S)		CCURED	
B≼	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	(Month, Day, Year) INJURY WORK?								
ETED	4 Homicide detarmined	ounding, arc.	(эреспу)				City or To	own, State)		ute Number,
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	IAN: To the best of my in the basis of examination								and manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	J. Ken		200),	29c. LICENSE NUI			TE SIGNED (fonth, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	PEATH (ITEM	27) (Type, Print)						

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			1 - FOR 1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIE		32409
i			ANTHONY		BRO	WN		2. DATE OF DEATH MONTH	DAY 9 1	3. TIME OF DEATH 11:45 P
	P		4. SOCIAL SECURITY NUMBER 217-80-1315	10 m 2 0 F	975. last birthday) 23 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Daf, Year)		BIRTHPLACE (State or Foreign
	2, 3 should	TOR	90. FACILITY NAME (If not institution, give si UNIVERSITY H RESIDENCE OF DECEDENT			BALT	EMORE	ЕАТН	9c. COUNTY	OF DEATH
	Pages 1.	DIRECTO	10a. STATE 10b. COUNTY	1	10c. CIT	Y, TOWN OR LOCAT	TION Itima	10.		10d. INSIDE CITY LIMITS? 1 VES 2 NO
	n. ansit permit.	FUNERAL	25/4 W. La	fayette	ave.	101	ZIP CODE	10	10g. CITIZEN	OF WHAT COUNTRY?
	or attending physician.	BY FUN	11. MARITAL STATUS 2 Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, sp	ENDENT OF HISPAI ecity Cuban, Maxica 2 NO Specif	NIC ORIGIN? (Specify Year, Puarto Rican, atc.)		RACE — American Indian, Black, White, atc.
	14 = 5		15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of v life. Do NOT us	USUAL OCCUPATION or retired.)	ON st of working	16b. KIND OF BI	USINESS/INDUST	Black
	MARYLAND 2 retained by the hospital 5 should be detached to notified at once		17. FATHER'S NAME (First, Middle, Last)	Range				ME (First, Middle, Maide	ONIN n Sumame)	9 (0.
		TO BE	19a. INFORMANT'S NAME (Type/Print)	CDown	19b. MAILING	ADDRESS (Street a	nd Number or Rural	Route Number, City or To	wn, State, Zip Cook	Balto, M.
	BALTIMORE, er death. Page 6 may be the funeral director, page val.		20e. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remote Donation 5 Other (Specify)	oval from State 20b. I ceme	PLACE AND DATE of	PEDISPOSITION (Na	V Star	DATE 20c. L	OCATION - City of	or Town, Stata
	SALT death. e funera		21. SIGNATURE OF FUNERAL SERVICE LIC	ensee (asro(22. NAME AN	ID ADDRESS OF FA	CILITY FU	neral	Home
	within 24 nours aft inpletely filled in by cremation, or removent, the medica		23. PART I. Enter the diseases, or cahock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	omplications that caused List only one cause on and DUE TO (OR AS AN	on lina.	Fuju	de of dylng, suc	th as cardiac or rasp	piratory arrest,	Approximate Interval Between Onset and Daath
	P.O. BOX 68 th certificate be executed physician and I Hygiene prior to bur or other traumatile.	ERTIFICATION	Sequantially list conditiona, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C						
	RECORDS requires that the deen signed by the of Health and Me shows any injure.	MEDIC/	PART II. Other significant conditions	s contributing to death bu	t not resulting i	n the underlying	g cause given in	Part I. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMIL ABLE PRIDR TO CDMPLETION DF CAUSE DF DEATH? 1 YES 2 NO
	TAL The lan te has ate Dep	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO	HOSPITAL:		OTHER:	ACE OF DEATH (Ch			
,		РНУ	27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpetient 2 X ER/Outpet 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJI	OF 28c, INJU	URY AT	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURE	D
7	ISIC TTENDI TTOR: A atter d	TED BY	3 Suicide 8 Could not be determined	28a. PLACE OF INJURY – building, atc. (Specif)	- At home, farm, a	ireat, factory, office	Λ	PEDESTRIA 281. LOCATION (Street City or Town, State	and Number or Ru	JCK BY AUTO ITAL ROUTE Number, E & EDMONDSO
	4 7 5 m	OMPLET	29a. CERTIFIER 1 CERTIFYING PHYSIC (Check only one) 2 MEDICAL EXAMINER	CIAN: To the best of my knowled. Con the bests of examination of	ige, danth occurre	d at the time, data	and place, and due	to the cause(s) and me time, data and place, a	inner se stated.	
	TO THE HOSPITAL TO THE FUNERAL DE filed within 72 IMPORTANT: If	O BE CO	286. SITUAL STATE AND TITLE OF CENTIFIER	Lochen	D		29c. LICENSE NUM	MBER	29d. DATE SIGN	NED (Month, Day, Year) - 24 - 1991
		OT	30. NAME AND ADDRESS OF PERSON WHO	KE, M)						AKLAND 2120
4			(MORRIT, Day, Tear)	32. REGISTRAR'S SIGNAT	UHE					

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	V. Ladauette		
		and the same	

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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THE SECRETION STATE CAUSE (Pinal desemble conditions) The JINDONEST CONTROL OF CONTROL	ВУ	I C Inerel Wellier & Xuellier			If yee, e	ecify Cuben, Mexice	n, Puerto Ricen, etc.)	Yee or No— 14.	Bleck, White, etc.				
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THE SECRETION STATE CAUSE (Pinal desemble conditions) The JINDONEST CONTROL OF CONTROL	PLET	Elementery/Secondary (0-12)		life. Do NOT use	retired.)	ost or working							
THE SECRETION STATE CAUSE (Pinal desemble conditions) The JINDONEST CONTROL OF CONTROL	S					16. MOTHER'S NA	ME (First, Middle, Maid	en Sumame)					
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1 200				19b. MAILING A	Woodly	n Road	Baltimon	fown, State, Zip Coo Ce MAry	Maryland 21221				
22. NAME AND ADDRESS OF PACILITY CONNELLYFUNERAL SERVICE LICENSEE 23. PART I. Enter the disease, or complications that caused the death, Do not anter the mode of dying, such as cardiac or respiratory errest, interval Between Onset and Daeth Approximate interval Between Onset and Daeth IMMEDIATE CAUSE (Finel disease or conditions, seed to a seed interval Between Onset and Daeth DUE TO (OR AS A CONSEQUENCE OF): 3. DUE TO (OR AS A CONSEQUENCE OF): 4. DUE TO (OR AS A CONSEQUENCE OF): 5. DUE TO (OR AS A CONSEQUENCE OF): 5. DUE TO (OR AS A CONSEQUENCE OF): 6. DUE TO (OR AS A CONSEQUENCE OF): 6. DUE TO (OR AS A CONSEQUENCE OF): 7. DUE TO (OR AS A CONSEQUENCE OF): 7. DUE TO (OR AS A CONSEQUENCE OF): 8. PLACE OF GEATH (Check only only Immediate aversis resulting in death) LAST 1. SEPACE OF GEATH (Check only only only immediate aversis resulting in death) 1. SEPACE OF GEATH (Check only only only immediate aversis resulting in death) 2. AND CARE REFERRO TO MECICAL EXAMINERY 1. SEPACE OF GEATH (Check only only only immediate aversis resulting in death) 2. AND CARE REFERRO TO MECICAL EXAMINERY 1. SEPACE OF GEATH (Check only only immediate aversis resulting in the underlying cause given in Part I. 2. AND CARE REFERRO TO MECICAL EXAMINERY 1. SEPACE OF GEATH (Check only only only immediate aversis resulting in the underlying cause given in Part I. 2. AND CARE REFERRO TO MECICAL EXAMINERY 1. SEPACE OF GEATH (Check only only only immediate aversis resulting in the underlying cause given in Part I. 2. AND CARE REFERRO TO MECICAL EXAMINERY 1. SEPACE OF GEATH (Check only only only immediate aversis resulting in the underlying cause given in Part I. 2. AND CARE REFERRO TO MECICAL EXAMINERY 1. SEPACE OF GEATH (Check only only only immediate aversis resulting in the underlying cause given in Part I. 2. AND CARE SIGNATURE AND ADDRESS OF PERSON WING COMPLETED CAUSE OF GEATH (Check only only only immediate aversis resulting in the underlying cause given in Part I. 2. AND CARE SIGNATURE AND ADDRESS OF PERSON		1 Duriel 2 Cremellon 3 Remov	val from State	PLACE OF DISPOSIT other place)	r place)								
23. PART I. Entsr ths dissayer. or complications that caused this death. Do not entsr the mode of dying, such as cardiac or respiratory arrest, shock, or hasn't diffure. List only one causes on such line. MMEDIATE CAUSE (Final Council													
MMEDIATE CAUSE (Final disease or condition resulting in death) a.		Connelly F	uneral 1	lome	Con	nellyFune	eralHome :	300MAceA	ve. 21221				
Sequentially list conditions, if any, leading to immediate conditions of the conditi		IMMEDIATE CAUSE (Finsi disesse or condition	metas.	tativ +									
PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 28. PLACE OF OEATH (Check only one) 25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO 26. OATE OF INJURY 27. MANNED OF OEATH 28. PLACE OF OEATH (Check only one) 29. CERTIFER 20. OATE OF INJURY 20. CERTIFER 20. CERTIFERING 20. CERTIFER 20. CERTIFERING 20. CERTIFERIN	MOIT	Sequentially list conditions, if any, leading to immediate b. DUE TO (OR AS A CONSEQUENCE OF):											
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25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1		PART II. Other significant conditions	contributing to death be	ut not resulting in	the underlyli	ng csuse given in	PERI	ORMEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE				
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296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNEO (Month, Day, Vear) 11-23-91. 297. Ronald Attanasio, M.D. 1012 Old North Point Road Baltimore MD 21224 31. DATE FILED (Month, Day, Vear) 32. REGISTRAR'S SIGNATURE		3 Suicide 6 Could not be	26e. PLACE OF INJURY building, etc. (Spec	— Al home, lerm, st	reet, factory, off	ce	261. LOCATION (Stre City or Town, St	et and Number or late)	Rural Route Number,				
296. LICENSE NUMBER 296. DATE SIGNEO (Month, Day, Vear) 11-23-91. Ronald Attanasio, M.D. 1012 Old North Point Road Baltimore MD 21224 31. DATE FILED (Month, Day, Vear) 32. REGISTRAR'S SIGNATURE	OMPLE	(Check only	_						euse(e) and menner sa stated.				
Ronald Attanasio, M.D. 1012 Old North Point Road Baltimore MD 21224 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	BE	1 1	uss			29c. LICENSE NU	MBER	-					
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	7	Company of the compan	io, M.D. 1	012 01d N		oint Roa	d Baltim						
MINACO 1991 Administration of the		31. DATE FILED (Month, Day, Year) NOV 2 6 1991	32. REGISTRAR'S SIGN.	ature indall									



	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attends	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the find number 22 harms after doors, with the Case David of Managing Managing Language and the find number 22 harms after doors, with the Case David of Managing Managing Language and the find number 23 harms after the find number 25 harms after 15 harms after	
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FOR 1 - STATE REGISTRAR		STATE OF !	MARYLAN	D / DEPAR	RTMEN	T OF I	EALTH	AND	MENTA				1 1 4 1 1
1. DECEDENT'S NAME (First,	Middle, Last)			CERTIF	ICATI	E OF	DEA	I H	Lanur	REG. NO).		
HENRY PENBE		OECKED							2. DATE MONT	OF DEATH		YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMB	ER B	5. SEX	6. AGE (In vi	s. last birthday)	IF UNDER	R 1 YEAR	IF UNDER	24 MDS	7 DATE	OF BIRYH	The state of	91	1:10 4
214-03-2481 9a. FACILITY NAME (# not in	stitution, give s	1 M 2 F	87 ,	YRS.	MONTHS	DAYS	HOURS OR LOCATI	MIN.	12	hy Day, Year!	1.903	MAR	RYLAND
											9c. COUN		ATH
RESIDENCE OF DEC	EDENT	AL .			BALTIMORE CITY N/						A		
10e. STATE	10b. COUNTY	1		10c. CIT	Y, TOWN	OR LOCA	TION						10d INSIDE CITY
MARYLAND 100. STREET AND NUMBER							IGHL.				LIMITS? 1 YES 2 NO HAT COUNTRY?		
3012 GEORGI	A AVE						215	227			U.S.	Δ	
11. MARITAL STATUS 1 Never Merried 2 3 Wildowed 4 Divos		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	X YES 2	NO		It hes sh	ENDENT C	F HISPAI	in, Puerlo l	i? (Specify Ye Rican, etc.)	a or No—	14. RACE	
15, DECI	DENT'S EDUC	CATION		. DECEDENT'S	IISHAL O	CCUPATION	201		1405	W	Ī		WHITE
(Specify only Elementary/Secondary (0	highest grade	College (1-4 or 5		(Give kind of tife. Do NOT us	work done	during mo	st of working	19	166	. KIND OF BU	SINESS/INDU	ISTRY	
6	1	NONE	·	PATTERI	N MAI	KER				RANTS			
		277772								Middle, Maiden			
HENRY CARL		CKER						PHIA		В.	В	UCKE	RT
19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Fural Route Number, City or Town, State, Zip Code) MRS. DORA FALK 3012 GEORGTA AVE RATTIMORE HIGHLANDS													
20g. METHOD OF DISPOSITION													
1 X Burlal 2 Cremation	3 Remo	oval from State	20b. PLA	CE AND DATE	OF DISPOS ther place!	ITION /No	me of		DATE				
4 □ Donation 5 □ Other 21. SIGNATURE OF FUNERAL		EMBEE	GLE	N HAVE						26 GI	EN BU	RNIE	, MD
CN/2.0	1 0	5//16	1121		22,	SING	LETOI	V FU	NERA:	L HOME	0		
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest,												MD 21061	
disease or condition reaulting in death) a. Cerebral Vascular affack DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
PADT II Other significan	1 constitues												+
TATE II. Other significan	PART II. Other significant conditions contributing to death but not result						cauae g	Iven In	Part I.	24a. WAS AN PERFOR 1 YES 2	RMED?	0	VERE AUTOPSY FINDING MAILABLE PRIDE TO DMPLETION OF CAUSE OF DEATH? YES 2 NO
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL					28. PL	ACE OF DE	ATH (Che	ock only one	D)		-	
14 YES 2 NO		HOSPITAL:	ER/Outpatien	t 3 🗆 DOA	OTHER		5 🗆 Res	sidence	8 Other	(Specify)			
27. MANNER OF DEATH		28e. DATE OF (Month, De	INJURY W. West	28b. TIMI		28c. INJ	JRY AT			CRIBE HOW I	NJURY OCCU	RED	
1 Netural 5 P	ending vestigation	(Monal, De	y, roury	INS	M	1 _ Y	ES 2	NO					
3 Suicide 8 C	t home, farm, a	treet, facto	ory, office			281. LOCATION (Streel and Number or Rural Floute Number, City or Town, State)				ute Number,			
29e. CERTIFIER 1 CERTIFICATION CONTROL 2 MEDICAL MEDIC	FYING PHYSIC	CIAN: To the best of ex	my knowledge	, death occurre	d at the ti	me, date	and place,	end due	to the caus	ee(a) and mar	ner ee stated	cause(s)	and menner es stated.
29b. SIGNATURE AND TITLE OF	F CERTIFIER	Hor	y				29c. LICE	NSE NUM	BER		29d. DATE 5	SIGNED (A	Month, Day, Year)
30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	E OF DEATH (ITEM 27) (Type,	Print)						1	1	//
DR HOU	n H	0119											
NOV 26 1991 Sunia Savings SIGNATURE													

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

NOV 26 1991 School Complete

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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
	,	*	died.	-

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)
NOV 26 1991

1. DECEDENT'S NAME (First, Midd	e, Last)					DEAT	-	2 DATE	REG. NO.			
JOSEPH	EDWARD		В	AUER	2			MONT			9YEAR	8:40 PM
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs.	last birthday)	IF UNDE	R 1 YEAR	IF UNDER	R 24 HRS.	7. DATE	OF BIRTH	-	8 BIDTHE	PLACE (State or Foreig
212-07-9451	1 XM 2 F	85	YRS.	MONTHS	DAYS	HOURS	MIN.	(Monti	, Day, Year)	- 1	Country)
9a. FACILITY NAME (If not institution	n, give street and number)			9b, CITY	Y. TOWN C	OR LOCATI	ON OF DE		4-06	90 COUR	MAR'	YLAND
NORTH ARUNDEL	HOSPITAL AS	SSOCIA'	TION			BURN						COUNTY
RESIDENCE OF DECEDE	NT											
	COUNTY		10c. CIT	Y, TOWN	OR LOCAT	TION						10d, INSIDE CITY LIMITS?
	NNE ARUNDEL		CRO	WNSV	/ILLE							1 YES 2 X NO
10e. STREET AND NUMBER					101	ZIP COD	E			10g. CITIZ	ZEN OF W	HAT COUNTRY?
758 WHITNEY					2	21032				U.	S.A.	
11. MARITAL STATUS 1 Never Married 2 Merrie	12. WAS DECEDEN FORCES? 1	T EVER IN U.S.	ARMED	13.	WAS DEC	ENDENT C	F HISPAN	IC ORIGIN	? (Specify Yee o	r No-	14. RACE	- American Indian, White, atc.
3 Widowed 4 Divorced	IF YES, GIVE W					2 X NO	Specify		ncon, acc.;		Specify	
15. DECEDENT	'S EDUCATION	1 400	DECEDENT'S	1101111 0								WHITE
(Specify only highe	st grade completed)		(Give kind of a	work done	during mo	on st of workin	ng	16b.	KIND OF BUSH	NESS/IND	USTRY	
Elementery/Secondary (0-12)	NONE								OME THE	DD 0 ***		
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondary (0-12) NONE SELF EMPLOYED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) NONE SELF EMPLOYED 16. KIND OF BUSINESS/INDUSTRY 16b. KIND OF BUSINESS/INDUSTRY												
JOHN A. BAUER										ımame)		
19a. INFORMANT'S NAME (Type/Pri			10b MAII INC	ADDDEC	C (Otmat -				BBINS or, City or Town.			
ELIZABETH MAC	K	- N. W.										
20e. METHOD OF DISPOSITION		20h BLAG	CEANDDATE				WAI		ADENA,			
1 XBurial 2 Cremetion 3 4 Donetion 5 Other (Special		cemetery,	crematory or of	ther plece)			4 D**		20c. LOCA			
21. SIGNATURE OF FUNERAL SER	,,	LGLE	N HAVE	N ME	MOKI	AL P	AKK SS OF FAC	III	25 GLE	N BUI	RNIE,	MD
190 M	9/1.								HOME			
11, 1800	ve Hopker	-		1	SEC	OND	AVE.	S.W	. GLEN	BURN	VIE,	MD 21061
23. PART I. Enter the disease ehock, or heert for	ee, or complications thet eliure. Liet only one ceu-	caused the	deeth. Do n	ot enter	the mod	de of dyl	ng, such	h ae cerd	lec or respire	tory arre	est,	Approximate intervel Betw
IMMEDIATE CAUSE (Finel										Oneet and Do		
disease or condition - a. Bronchogenic Carcinomade the lot the last lung with										1340		
a. Bronchogenic Carcinoma of the left lung with 3110 Due to (OP/AS A CONSEQUENCE OF): Brain Metastasses												
Sequentielly list conditione.	b					10	7 677	1 1000				
If any, leeding to immediate ceuse. Enter UNDERLYING	DUE TO	OR AS A CONS	SEOUENCE OF	F):								
CAUSE (Diseese or Injury	C. Dise To	OR AS A CONS	PEOUENIOE OF	_								
thet initieted events resulting in deeth) LAST	502 10	on as a cons	SECUENCE OF	-):								
d												
PART II. Other eignificant con	nditions contributing to	death but no	t reculting i	n the un	deriying	cause g	iven in I	Pert I.	24s. WAS AN AU			VERE AUTOPSY FINDIN
Lety place	& effection	mo	es per	ia	1	the	win		PERFORMI		-	WAILABLE PRIOR TO COMPLETION OF CAUS
-01	00			- 1	,		7		- L 120 2 g	1110		F DEATH?
								_				23 1 _ NO
25. WAS CASE REFERRED TO MEDI					28. PL/	ACE OF DE	EATH (Che	ck only one)			
	HOSPITAL:	ER/Outpstlent	Outpetient 3 DOA 4 Nursing Home 5 Realdance									
EXAMINER?	28a. DATE OF		28b. TIME	E DF	28c. INJU	JRY AT				URY OCC	JRED	
1 YES 2 NO		,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11431	M	1 V	ES 2	NO	28d. DEŞCRIBE HOW INJURY OCCURED				
1 TYES 2 NO							28f. LOCATION (Street and Number or Rural Route Number,					
1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pendin	pation 28e. PLACE OF	INJURY — At	home, ferm, s	treat, facto				28f. LOCA	TION (Street and Town, State)	Number o	or Rural Roo	ite Number,

DHMH-16 Ray 1/89

32. REGISTRAR'S SIGNATURE

NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH TITEM 27/(Type, Print)
PO-HSLU HUNG, M.D./325 HOSPITAL DRIVE, #108/GLEN BURNIE, MARYLAND 21061

and the state of the state of

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	24
90,	within
(687	law requires that the death certificate be executed within 24 ho
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0	cert
D, (C)	death
Ö	the
OR	that
REC	requires
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FVI	SICIAN
0	PHY
ISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: TH
5	AT
0	OR
-	1

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. N	0.					
	1. DECEDENT'S NAME (First, Middle, Last)	BLANCHE		BLUEFORD		2. DATE OF DEATH NOVEMBER		3. TIME OF DEATH 91 10:30 A. M				
	4. SOCIAL SECURITY NUMBER 212-50-2944	1 M 2 X F	AGE (In yrs. lest birthday) 75 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIH.	7. DATE OF BIRTH (Month, Dey, Year) AUGUST 3,	1.	BIRTHPLACE (State or Foreign Country) MARYLAND				
TOR	9a. FACILITY NAME (If not institution, give s 1544 CLAIRIDGE F			BALTIMO	RE	EATH		y of death ALTIMORE				
DIRECTOR	100. STATE 106. COUNT MARYLAND	y BALTIMOR		Y, TOWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 YES AND				
FUNERAL	1544 CLAIRIDGE R			101	21207	7		N OF WHAT COUNTRY?				
ВУ	11. MARITAL STATUS 1 Never Merried 2 Married 3 Divorced	12. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR	YES XX NO	If yes, spi	ENDENT OF HISPAI ecify Cuban, Maxica XX NO Specif	NIC ORIGIN? (Specify York, Puerlo Ricen, etc.) fy:	n or No-	Black, White, etc. Specify: WHITE				
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 1.2	CATION completed) College (1-4 or 5+)	(Give kind of life. Do NOT us		ON st of working	18b. KIND OF BI		TRY				
	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)											
TO BE	HARRY M. CUMMINS BLANCHE E. MONTGOMERY 19e. INFORMANT'S NAME (Type/Print) Physical Report of Number of Rural Route Number, City or Town, State, Zip Code) WILLIAM J. BLUEFORD (HUSBAND) 1544 CLAIRIDGE ROAD, BALTIMORE, MD. 21207											
	20a. METHOD OF DISPOSITION 1X Mourisi 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of LOCATION — City or Town, State LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of LOCATION — City or Town, State											
	21. SIGNATURE OF FUNERAL SERVICE LIG	CENSEE SU	215	LEROY	M. & RU	SSELL C. 1	WITZKE	FUNERAL HOMES /ILLE,MD. 21228				
CERTIFICATION	23/ART I. Enter the diseasee, or complications that caused the deeth. Do not enter the mode of dying, euch as cerdiac or reepiratory erreet, intervel Between Oneet and Deeth Due to (or as a consequence of): Sequentielly list conditions, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated evente of the consequence of):											
	PART II. Other eignificent condition	d.	eth but not recuiting i	n the underlying	ceuse given in	Part i, 24a. WAS AI	N AUTOPSY	24b. WERE AUTOPSY FINDINGS				
: MEDICAL						PERFO	RMED?	AVAILABLE PRIDR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26 01	ACE OF DEATH (Ch							
SIC	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER	(Outpetient 2 DOs	OTHER:								
Ħ	27. MANNEB OF DEATH	28a. DATE OF INJ				8 Other (Specify) 28d. DESCRIBE HOW	IN HIDY OCCUP					
	1 Natural 5 Pending	(Month, Day, Y		URY WOR		ZOU. DESCRIBE HOW	INJUNY OCCUM	EU				
TED BY	2 Accident Investigation 3 Suicida 6 Could not be determined	28e. PLACE OF IN building, atc.	JURY — At home, farm, a (Specify)			281. LOCATION (Street City or Town, State	and Number or F	Rural Route Number,				
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC	CIAN: To the beat of my	knowledge, death occurre	d at the time, date	end place, and due	to the cause(a) and me	nner as stated.	euse(a) and menner as stated.				
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER 30 NAME AND ADDRESS OF PERSON WHO	K	0000	2MA	29c. LICENSE NUN		29d. DATE SI	IGNED (Month, Day, Year)				
	LAURENCE GALLAGER		55 WILKENS		SIITTE 30	O RAITTM	ODE M	ARYLAND 21229				
	31. DATE FILED (Month, Pay Car) 2 6	32. REGISTRAR'S			SOLLE SC	O DALITE	OKE, MA	ARILAND ZIZZ9				

1 - STATE REGISTRA	R
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR		CERTIF	FICATE OF			REG. N					
1. DECEDENT'S NAME (First, Middle, Las	1)					TE OF DEATH	DAY	YEAR	3. TIME OF DEATH		
	HUGO	BURKS			11			91	9:55 n M		
4. SOCIAL SECURITY NUMBER		6. AGE (In yrs lest birthday)	MONTHS DAYS	IF UNDER 24 H		E OF BIRTH		BIRTH Country	PLACE (State or Foreign		
219-76-3702	1 XM 2 F	30 YRS.				r 23	1961	A1	abama		
9e. FACILITY NAME (If not institution, give			9b. CITY, TOWN	OR LOCATION (OF DEATH		9c. COUN	NTY OF DE	EATH		
THE JOHNS HOP	KINS HOSPI	Tid	BALTIM	ORE CI	ΓY		BAL	TIMO	RE		
10a. STATE 10b. COUN	ITY	10c. CI	TY, TOWN OR LOCA	TION				Т	10d, INSIDE CITY		
Maryland		B	altimor	. 0				LIMITS? 1 X YES 2 NO			
10e. STREET AND NUMBER		<u>IB</u>		1. ZIP CODE			10g. CITI	/HAT COUNTRY?			
4647 Rokeby Ro	ad			21229				USA			
11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARMED	13. WAS DE	CENDENT OF H	ISPANIC ORIG	GIN? (Specify Y	aa or No—	14. RACE	- American Indian.		
1 X Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WA	YES 2 NO		ecify Cuban, M		o Rican, etc.)		Black Specif	, White, etc.		
									Black		
15. DECEDENT'S Et (Specify only highest gra	de completed)	(Give kind of	S USUAL OCCUPATION Work done during me	ON ost of working	1	66. KIND OF B	USINESS/IND	USTRY			
Elementary/Secondary (0-12)	College (1-4 or 5+)										
12th Grade 17. FATHER'S NAME (First, Middle, Last)		Mach	inist					emi	cal Plant		
						t, Middle, Meide	n Surname)				
James E. Burk	S				ne Bi						
	horr		G ADDRESS (Street						01000		
Andrea Y. Ben		20b. PLACE AND DATE	Rokeby			altimo			21229		
1 X Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	cametery, cramatory or	othar place)	ame or		20c. L					
21. SIGNATURE, OF FUNERAL SERVICE	ICENSBE	Loundon	22. NAME A	ND ADDRESS O	E FACILITY Y	(23 B	alti	nore	City, MD Homes Inc		
1 1/18 1 '	# PIN	P1 . 10	2501	Gwyn	ns Fa	alls 1	r rune Plewy	eral	. Homes Inc		
Poway	1 100	iurs	Balt	Gwyn imore	MD	212	16"				
23. PART I. Enter the disease, or shock, or heart fallure	complications that List only one caus	caused tha death. Do	not enter tha mo	ode of dying,	such aa ca	rdiec or rea	piratory arre	est,	Approximata Interval Between		
IMMEDIATE CAUSE (Final disease or condition	~								Oneat and Daath		
reaulting in death)		monia							6 days		
DUE TO (OR AS A CONSEQUENCE OF):									6 days		
Sequentially list conditions, DIE TO (OR AS A CONSEQUENCE OF).											
if any, leading to immediata cause. Enter UNDERLYING											
CAUSE (Disease or injury that initiated avents	c. DUE TO (C	OR AS A CONSEQUENCE O	OF):								
resulting in death) LAST	4										
	u.										
PART II. Other aignificant condition	one contributing to d	laath but not rasulting	in the underlyin	g cause giva	n In Part i.	24a. WAS A PERFO	N AUTOPSY ORMED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO		
						1 TYES			COMPLETION OF CAUSE OF DEATH?		
									1 TES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28, PI	ACE OF DEATH	I (Check only	one)					
1 YES 2 NO	1 inpetient 2 🗆 i	ER/Outpatient 3 DOA	4 Nursing Horr	e 5 🗌 Realder	nca 6 🗆 Oti	ner (Specify)					
27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF IN (Month, Day)			URY AT	28d. D	ESCRIBE HOW	INJURY OCC	URED			
2 Accident Investigation			M 1 🗆								
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF building, et	INJURY — A1 home, ferm, Ic. (Specify)	street, factory, offic	•	28f. LC	CATION (Street y or Town, State	and Number (or Rural Ac	oute Number,		
29a. CERTIFIER (Check only one)	SICIAN: To the best of m	ny knowledge, death occur	red at the time, date	and place, and	due to the c	euse(a) and me	enner es atate	d.			
2 MEDICAL EXAMIN	IER: On the beals of exe	mination end/or investigation	on, in my opinion, d	eath occured at	t the time, da	te and pleca, a	ind due to the	cause(a)	end manner ea stated.		
29b. SIGNATURE AND TITLE OF CERTIFI	ER			29c. LICENSE	NUMBER		29d. DATE	SIGNED ((Month, Day, Year)		
Conter	Junh	- MD					1 6	1/19	191		
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE			- //	. 1	,		1			
Eraig Lo	ngenecke	r Johns	Hopkis	ns Ho	spita	1					
31 DATE FILED (Month, Day Year)	32. REGISTRAR				,						

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other fraumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	datarmin		Solicity,	_tot opecii)	,					Cil	y or Town,	State) Wash	marke	in Co	unty they.
	5 Pending investigs		28e. PLACE C	Pay, Year)	At home.	b. TIME OF INJURY	M 1		AT 2 NO	28t, LC	CATION (S	OW INJURY OC	r or Aural I	Route Num	nber,
	NO ATH		HOSPITAL:			00A 4 [HER: Nursing	Home 5	Raalden	(Check only	ner (Specify				
	ERRED TO MEDIC		alo dell	CTELIC	A SAI	ICL OIT								YE	S 2 🗆 NO
-		_	uno-defi		v Svr	drom	0				1× YI	S 2 NO		OF DEAT	TION OF CAUSE 'H7
			e contributing to Drug Abu		t not reeu	iting in th	e under	rlying ca	use given	in Part i.	PE	S AN AUTOPSY REFORMED?	24b	AVAILAB	JTOPSY FINDINGS LE PRIOR TO
1	o immediate IDERLYING o or injury ente th) LAST				CONSEQUEN										
	conditione,		Stage	_IV m		nant :	Lymp	oma							
U	JSE (Finel Hition th)	lure. I	. Hepa	to-Re	ch iine.	Syndr						oophatory of	rout,	in	tervei Between neet and Death
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4	DISPOSITION Cremation 3 Other (Specify	Remo	oval from State	ceme	PLACE AND	DATE OF DE	SPOSITIO	ON (Name o	of	DA	TE 20	c. LOCATION —	City or To	own, State	
	d Boye	r,	Sr.									timore		D	21217
	ond Bo		r, Sr.		19b. M	AILING ADI	DRESS (S	treel and i				Llips or Town, State, Zi	n Corbi		
	E (First, Middle, La	1			,7 H			18	MOTHER'S	S NAME (Firs	, Middle, M	aiden Sumame)			
	rade		College (1-4 or 5	+)	me. Do	NOT use rec	ива.)								
•	15. DECEDENT' pecify only highest	S EDUC	completed)		tea. DECED	ENT'S USU and of work NOT use ret	done duri	JPATION ing most o	working	1	6b. KIND O	F BUSINESS/IN	DUSTRY	נת	Lack
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ι	JS Merried		12. WAS DECEDE FORCES?	NT EVER IN	U.S. ARMED)	13. WA	S DECENI	ENT OF HI	SPANIC ORIG	IN? (Speci	fy Yea or No-	14. RAC		ricen Indian, etc.
		777	son Sti	eoot					2121°	7			IZEN OF		
	nd NUMBER					Ba	lti	more	9						MITS? ES 2 NO
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			NTY HOS	SPITA	AL		НА	GER	STOW	N			ASHI		CON
	E (# not institution	give s	Ireet and number)		70	9b	. CITY, TO	OWN OR I	OCATION C		t 18	1951	JNTY OF E		yland
	-4112		1 X M 2 F	6. AGE (I					OURS MI	N. (Mc	onth, Day, Ye	oar)	Count	lry)	
_				I a ann ii									9-1"	5:	30 A
	AME (First, Middle,		DUGDUD							2. DA	TE OF DEA		WEAD		E OF DEATH
)	3	Last)	EUGENE 5. SEX			CEF	B O AGE (In yrs. last birthday)	BOYER AGE (In yrs. last birthday) IF UNDER 1:	BOYER, Ja AGE (In yrs. last birthday) If UNDER 1 YEAR II	BOYER, Jr. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 H	BOYER, Jr. 2. DA BOYER, Jr. 2. DA BOYER, Jr. 2. DA BOYER, Jr. 2. DA	BOYER, Jr. BOYER, Jr. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTY	BOYER, Jr. 2. DATE OF DEATH MONTH PAS AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH	BOYER, Jr. BOYER, Jr. BOYER, Jr. AGE (In yrs. last birthday) If under 1 year is funder 24 Hrs. AGE (In yrs. last birthday) If under 1 year is funder 24 Hrs. 7. DATE OF BIRTH 8. BIRTH	CERTIFICATE OF DEATH BOYER, Jr. 2. DATE OF DEATH WONTH DAY SEAR 3. TIM 5: AGE (In yrs. last birthday) F under 1 Year F under 24 Hrs. 7. DATE OF BIRTH 8. BIRTHPLACE

DENNIS CHUTE M.D.

O.C.M.E.

O.C.M.E.

NOVE

111 PENN ST. BALTIMORE, MD.

NOVEMBER 20,199

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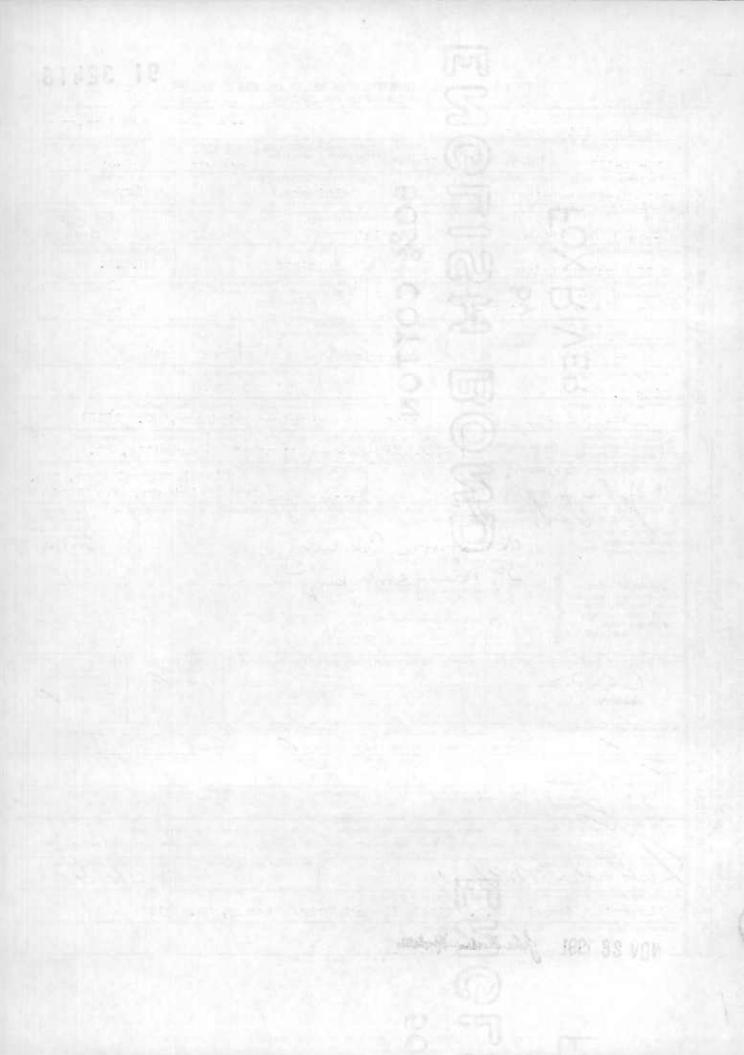
32. ABBISTAR'S SIGNATURE

Simila. West 105 ...

BALTIMORE, MARYLAND 21215-0020	24 fours after death, Page 6 may be retained by the hospital or attending physician. filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pa on, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pa be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

ges 1, 2, 3 should

	1. DECEDENT'S NAME (First	, Middle, Last)		60					2. DATE OF		v	YEAR	3. TIME OF DEATN
	James Ph	ilip E	bsley						11/2	4/91 ^{DA}		TEAN	12:50 A
	4. SOCIAL SECURITY NUME 2 16 - 36 - 513		5. SEX	6. AGE (In yrs. last	t birtnday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D	ay, Year)		Countr	
	9a. FACILITY NAME (If not in			3.0		9b. CITY	, TOWN	OR LOCATION OF D	8/28 EATH	/39	9c. COU	NTY OF D	land
DIRECTOR	3415 North	way Dr	ive			E	alt:	imore				ity	
EC	10a. STATE	10b. COUNTY	Y		10c. CIT	Y, TOWN (OR LOCA	TION					10d. INSIDE CITY
PHO	Marvland	Ci	.tv		Ba	ltim	ore						LIMITS? 1 YES 2 NO
AP.	10e. STREET AND NUMBER			73-1			10	. ZIP CODE			109. CIT	IZEN OF V	/HAT COUNTRY?
ER	3415 North	way Dr	ive					21234			Ţ	J.S.F	1.
FUNERAL	11. MARITAL STATUS		12. WAS DECEDER	NT EVER IN U.S. AR				ENDENT OF HISPA			or No-	14. RACE	— American Indian, , White, etc.
BY F	1 Never Married 2 3 3 Widowed 4 Dive		IF YES, GIVE	i	10			ecity Cuban, Maxica ZXXNO Speci		in, atc.)		Speci	ty:
	15. DEC	EDENT'S EDU	CATION	16a. DE	CEDENT'S	USUAL O	CCUPATI	ON	16b. K	ND OF BUS	INESS/IN		, 0
COMPLETED	Elementary/Secondary (ly highest grade 0-12)	College (1-4 or 5	life	Do NOT u	se retired.)	auring me	ost of working					
PL	12	120			Super	rvis	or		Arn	ico St	teel		
Ö	17. FATHER'S NAME (First, M	fiddle, Last)						16. MOTHER'S NA	AME (First, Mid	dle, Maiden	Surname)		
BE C	Pitt P. Bo	sley						Alice	Deave	er			
	19a. INFORMANT'S NAME (Type/Print)						and Number or Rural					
2	Mary Eller	Bosle	ev		3415	Wr	thwa	y Drive	Balti	more	, MD	. 2:	L234
	20a, METNOD OF DISPOSIT 1 🖾 Burlal 2 🗆 Crematic			20b. PLACE of cemetary.	crematon	v or other s	olace)		DATE	1		City or To	
	4 Donation 5 Other	r (Specify)		Park	wood	Ceme	eter		•	Par	KVII	le, l	MD •
	21. SIGNATURE OF FUNERA	AL SERVICE U	Dn /	n		22.	NAME A	ND ADDRESS OF FA	Di				Home, Inc.
	23. PART I Enter the d		Jule X	H				RALBIR	Road				2 1206
	ehock, or h immediate Cause (Fit disease or condition resulting in death)	jeart failurg/ nel	a. McTa	dee on each line).	0		~~(on os cordia	C Of Toops	ratory ar	,	interval Between Onset end Death
			DUE TO	1>				0					
Z	Sequentially list condi-	tions.	b	Heavy	Sr	noc	Ku	1 HX					
Ĕ	if eny, leeding to imme	diate	DUE 10	OR AS A CONST	DUENCE C	PF):		1					
5	CAUSE (Disease or inje		c. DUE TO	O (OR AS A CONSE	QUENCE O)F):				-		-	
CERTIFICATION	that initiated events resulting in death) LAS	т		(01111111111111111111111111111111111111		. ,							
E		-	d										
	PART II. Other signific	ant condition	ns contributing to	o deeth but not i	recuiting	in the u	nderlylr	ig ceuse given in	Part I. 2	4a. WAS AN	AUTOPSY	248	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDICAL	-CO	57							1	YES 2	NO		COMPLETION OF CAUSE OF DEATN?
ME	- H												1 TYES 2 NO
ä													
SIA	25. WAS CASE REFERRED ' EXAMINER?	TO MEDICAL	HOSPITAL:			OTHE		LACE OF DEATH (C	heck only one)				
Si	1 - YES 2 - 10			☐ ER/Outpetlant 3	□ DOA			me 5 🖪 Raaldenca	6 Other (Specify)			
Y PHYSICIAN:	CO See COUNTY CO	Pending Investigation	26a. DATE C (Month,	Day, Year)	26b. TII	ME OF JURY M	W	JURY AT ORK? YES 2 NO	28d. DESC	NOH BEIN	NJURY O	CCURED	
ED BY	2 Acedent 3 Suicide 6	Could not be		OF INJURY — At ho g, atc. (Specify)	ome, ferm,	street, fac	ctory, offi	ca	261. LOCAT City or	ION (Street Town, State)	and Numb	er or Rural	Route Number,
ET	Pla. CERTIFIED												
COMPLETED	(Check day		ER: On the basis of										a) and menner as stated.
BE CC	256 DONATURE AND TITL	E OF CERTIFIE	ER 22	/ ,				29c. LICENSE N	JMBER				(Month, Day, Year)
TO E	100		0117/	77/								11/2	5/91
-	Richard M			wse of death (ite). 660 K			h D	rive To	wson,	MD.	2120)4	
	31. DATE FILED (Month, Day	, Year)		RAR'S SIGNATURE	737								
	NOV 26	1991	Acria Dav	idson-Randi	182								



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THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and complete.	filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, creminant or removed	-
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ME	草	Z
3	W	M
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1	Œ.	IPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner on

	4 DECEMBER AND STREET				IOAII	_ 01	DLA			HEG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)	MARIE U	IOLA	BR	ITE				MONT	V. 21	199	YEAR	3. TIME OF DEATH 12:45 a. M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDER		IF UNDER		7. DATE	OF BIRTH	177	8. BIRTHE	PLACE (State or Foreign
	213-01-2465 9e. FACILITY NAME (If not institution, give s	1 M 2 F	82	YRS.	9b. CITY	DAYS TOWN (HOURS OR LOCATI	MIN.	9-20	0-09	Laccou	NEW NTY OF DE	YORK
DIRECTOR	EASTPOINT NURS						ASTPO				90,000		IMORE
T C	10e. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN (OR LOCAT	ION					T	10d. INSIDE CITY
	MARYLAND BA	LTIMORE				Lan	EAST		NT				1 WES 2 XXO
FUNEHAL	1046 OLD NORTH	DOTALT DO	MO			101	. ZIP COD		000		10g. CIT		HAT COUNTRY?
	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	RMED	13.	WAS DEC	ENDENT C		222	17 (Specify Yea	or No.		S.A. — American Indian.
ED BY F	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1		NO		If yee, sp	2 XXX	n, Mexico Specif	en, Puerto l	lican, etc.)	0,110	Black, Specify	White, etc.
3	15. DECEDENT'S EDU (Specify only highest grade	CATION	18e. DE	CEDENT'S	USUAL O	CCUPATIO	DN .		18b.	KIND OF BUS	SINESS/INE	DUSTRY	WILLE
PLE	Elementary/Secondery (0-12) HIGH SCHOOL	College (1-4 or 5 -	⊦) life.	DO NOT US	se retired.)		st of workir	ng			UANE		
COMPL	17. FATHER'S NAME (First, Middle, Last)	N/ A	1 11	UIVIL IV	PINLI		18. MOTI	HER'S NA	ME /First /	Aiddle, Maiden	HOME		
DE C	EARL BARBER 190. INFORMANT'S NAME (Type/Print)							EVA	WILC	COX			
2	GWEN HOPKINS			b. mailing 1106						SEELAN			D 21053
	Burlel 2 X Cremetion 3 Rem	oval from State	20b. PLACE	AND DATE O	FDISPOS	ITION (Na	me of		DATI			City or Tow	
1	21. SIGNATURE OFFURERAL SERVICE LIC	CEMBER /	HILL	TOP S	22	NAME AN	D ADDRE	CC OF EA	CHITY	91 TOW			
	* Dredon	2 Ken	L			7922	-RUCH WTSI	FU	INERA I 'ENUE		OF 1 DALK		LK INC. 21222
	22. PART I. Enter the diseases or c shock, or heaft fallure.	complications that	t causad the da	ath. Do n	ot enter	tha mo	de of dyl	ng, auc	ch as card	lac or raspi	ratory an	rest,	Approximata
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	8. DUE TO	(OR AS A CONSEC	DUENCE OF	A A	1	Hu	C	Co	n			Onset and Daath
	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	(OR AS A CONSEC										
- 11		d											
FDICAL	PART II. Other significant condition	s contributing to	death but not r	asulting I	n the un	darlying	cause g	iven in	Part I.	24e. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
													OF DEATH?
						1							
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 N ND	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER 4. Nur	tr.			8 (1) Other				
	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF (Month, Da	INJURY	28b. TIME	_	28c, INJU	JRY AT			CRIBE HOW IF	JURY OC	CURED	
	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE Of building,	F INJURY — At horetc. (Specify)	me, ferm, s	treel, fect		ES 2	NO	28f. LOCA	ATION (Street e	nd Number	or Rural Ro	ute Number,
ilk	4 Homicide determined												
	(Check only one) 1 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINE	CIAN: To the best of R: On the beste of an	my knowledge, de temination end/or i	ath occurre	d at the ti	me, date	end piece,	end due	to the ceu	se(e) end men	nor oe atat	ed.	and manner on stated
	296. SIGNATURE AND TITLE OF CENTRIES		Tax	20			29c. LICE			1			Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAND	E OF DEATH #	A OT IT	O-i-ri		XY.	///	30		M	ソレレ	4,1991
	MELITO M.	TORNI	BY NO	441	5	. 2	elw	000	11	UE 1	3A 0	TO,	nd 2122
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE										
	NAV 2.5 10	qu l	and the same	No.	100								
	1101 20 10.	91 /	- to to 1 mm 1 pm	I was									DHMH-16 Rev 1/8

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PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	EAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3	or 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Fit item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be matitized as once
TO THE HOSPITAL OR ATTENDING	TO THE FUNERAL DIRECTOR: After	be filed within 72 hours after death	IMPORTANT: If item 28 is ma

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. OECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH CARRO1 YEAR 23 405 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 3-14-2 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 64 YRS. 1 M 2 DAYS HOURS 9a. FACILITY NAME (If not in: 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Mary DIRECTOR 0 200026 RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 TYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? JA 230 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or NoIf yea, specify Cuben, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE - American Indian FORCES? FORCES? 1 YES 2 NO IF YES, GIVE WAR OR OATES 1 Naver Married 2 Married 1 ACK BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION ecify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION 16b. KINO OF BUSINESS/INDUSTRY (Give kind of work done life Do NOT use retired.) College (1-4 or 5+) 10th must be notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) reage BE 19a. JAFORMANT'S NAME (Type/Print) 19b, MAILING ADORESS (Str HP+402 City or Town, State. Zip Codel 2 as 5+ 21230 METHOD OF DISPOSITION 20a, METHOD OF DISPOSITION
1 N Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION 20c. LOCATION OATE - City or To Oonation 5 Other (Specify) ... examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Glady U) CL u medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such sa cardiac or reapiretory errest, Approximate shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset end Deeth the disease or condition traumatic event, resulting in death) OUE TO (OR AS A CONSEQUENCE OF) MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events other DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST injury, or PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? any PERFORMEO? 1 YES 2 NO 23 shows 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER:
4 ☐ Nursing Home 5 ☐ Rasidenca 6 ☐ Other (Specify) 1 TYES 2 NO 1 🗆 Inpatient 2 🗆 ER/Outpatient 3 🗆 DOA If item 28 is marked, or 27. MANNER OF OEATH 28a. OATE OF INJURY 28c, INJURY AT WORK?
1 YES 2 NO 28b. TIME OF 28d. DESCRIBE HDW INJURY OCCURED 1 Natural BY Accident Investigation 28a. PLACE OF INJURY — At home, term, atreet, factory, offica building, atc. (Specify) 3 Sulcida 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. OATE StGNEO (Month, Day, Year) BE -2

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

Swie Daydon

Al 31. DATE FICEO (Month, Day, Year)

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COMPLETED

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a completely filled in by the funeral director, page 5 should be detached for use as the bit of the EUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bit filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remonal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	pd D	Ø n	
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TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	STATE OF MAT			F DEATH	MENTAL HYGIEN REG. NO			
1. DECEDENT'S NAME (First, Middle, La	"Christ	Ten				2 2	YEAR 3. TI	ME OF DEATH
4. SOCIAL SECURITY NUMBER 216 28 6805	5. SEX 6.	AGE (In yrs. lest birthday	MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year) Jan. 8,		e. BIRTHPLAC Country) Chic	E (State or Foreign
90. FACILITY NAME (If not institution, git Loch Raven VA BESIDENCE OF DECEMENT		er		ON OR LOCATION OF D	EATH		TY OF DEATH	
10e. STATE 10b. COU	NTY		CITY, TOWN OR LO					INSIDE CITY LIMITS?
MD 10a. STREET AND NUMBER] B	altimore	10f. ZIP CODE		10g. CITIZ	ZEN OF WHAT	YES 2 NO
5001 E. Oliver				21205		U.	S. A.	
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 XXDIvorced	12. WAS DECEDENT, FORCES? 1 2 IF YES, GIVE WAR	YES 2 NO OR DATES	If yes	DECENDENT OF HISPA s, specify Cuben, Maxic YES 2X NO Speci		e or No—	14. RACE — A Black, Whi Specify:	mericen Indian, ta, etc. White
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12) NA		(Give kind o	of work done during use retired.)	g most of working	166. KIND OF BU		ental 1	Lab.
17. FATHER'S NAME (First, Middle, Last) William Howard	Christen				AME (First, Middle, Maide) Lemons	n Surname)		
19a. INFORMANT'S NAME (Type/Print) Opal Baker (Mot	her)				Baltimore		,	
20. METHOD OF DISPOSITION 1.3 Burlal 2 Cremation 3 R 4 Donetion 5 Other (Specify)	emoval from Stata	20b. PLACE OF DISP other place) Glen Hav		f cematery, crematory or			city or Town, S	
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE)	Schi	E AND ADDRESS OF F. Lmunek Fun		, Inc		
23. PART I. Entar the diseasea, shock, or heart fallu IMMEDIATE CAUSE (Final	re. List only one causa	on asch lina.	o not enter tha	mode of dying, su-	ch aa cardlac or rea	piratory arr	reat,	Approximata Intarvai Betwaan Onset and Death
disaaaa or condition resulting in death)	a. CIANCEN DUE TO (OF	2 OF BY	SE OF	TOWGUE	CAUSIA	STR	TOO	9 MOS
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	R AS A CONSEQUENCE					701	
CAUSE (Disease or injury that initiated avants resulting in death) LAST	C. DUE TO (OF	R AS A CONSEQUENCE	OF):					
PART II. Other significant condi	ions contributing to de	ath but not resultin	ng In the undar	iying cause given i		N AUTOPSY ORMED? 2 X 40	AWAI CDN OF I	NE AUTOPSY FINDINGS ILABLE PRIOR TO IPLETION OF CAUSE DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICA EXAMINER?	NOSPITAL:		OTHER:	8. PLACE OF DEATH (C	Check only one)			

					1 _ YE	s 2 X 40	OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				28. PLACE OF DEATH (C	heck only one)		
EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatiant 2 ER/Outpatient		DTHE □ Nu	R: rsing Home 5 - Realdence	8 Other (Specify)		
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident tovestigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HO	OW INJURY OCCUI	RED
3 Suicide 8 Could not be	28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm, stre	et, fa	ctory, office	28f. LOCATION (Str. City or Town, S		Rural Route Number,

1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, data and piece, and due to the cause(a) and manner as stated. 2 🔲 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner se stated.

29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) PATTIMONE, MI 5. ABRAHAN LOCH PLANER 2 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day,

Pages 1, 2, 3 sho

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE Devidson-Pondall

31. DATE FILEO (Month, Day, Year)

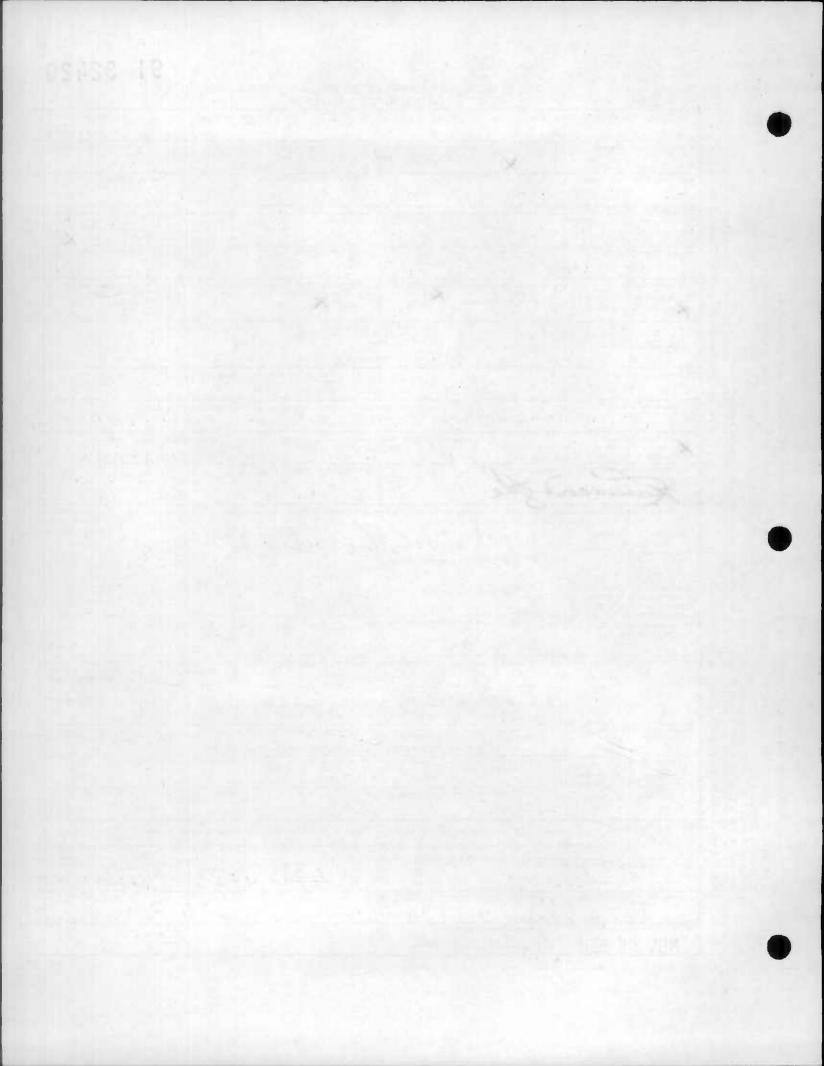
91 32420 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. OATE OF DEATH 3. TIME OF DEATH 0AY 1991 FORTHNA 9:50 p M CANGELOSI NOV. 22, 4. SOCIAL SECURITY NUMBER S. SEY 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN 218-52-4229 84 5-27-07 MARYLAND Se. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH MERIDIAN NURSING HOME 7700 YORK RD. DIRECTOR TOWSON BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY MARYLAND BALTIMORE CATONSVILLE 1 TYES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 711 MAIDEN CHOICE LANE 21228 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE American Indian, Black White etc. FORCES? 1 YES 2 NO If yee, specify Cuban, Mexicen, Puerto Ricen, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merried Specify: WHITE BY 3 Widowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION ETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) HOME MAKER COMPL 11 OWN HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Sumame) DAMIANO MATASSA PIAZZA SALVATRICE BE 19. INFORMANT'S NAME (Type/Print) 19b. MAILING AGORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 GLORIA GOLDSTRAW (DAUGHTER) 1203 REDCLIFFE RD. CATONSVILLE MARYLAND 21228 20e METHOD OF DISPOSITION
1 Burlel 2 Cremetton 3 Removal from State
1 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION -- City or Town, State MEDOWRIDGE CEMETERY 11/25/91 DORSEY MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE LEROY & RUSSELL WITZKE FUNERAL HOME CATONSVILLE Lusieren 20 1630 EDMONDSON AVE. CATONSVILLE MD. 21228 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart fallure. List only one cause on each line. Interval Between Onaet and Death IMMEDIATE CAUSE (Finel WAS disease or condition 7 reaulting in death) ON Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate CERTIFICAT cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMEO? MEDICAL 1 YES 2 HE OF DEATH? 1 YES 2 -NO PHYSICIAN: 26. PLACE OF DEATH (Check only one 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER 1 T YES 1 T ME ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF BEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCUREO INJURY 1 Hatural 5 Pending М 1 YES 2 NO BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be COMPLETED 4 Homicide determined 29e. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end menner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurs at the time, date and place, and due to the causa(e) and menner as stated. 29b. SIGNATURE AND DITCE OF GERTIFIER 品品 tlamo 0

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1	2	2	be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPC
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1. DECEDENT'S NAME (First, Middle,	' /				2. DATE OF D		3. TIME OF DEATH
OLIVER	R, COL	EMAN			MONTH 1 1		YEAR 12:20 P
4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. lest birthde)	/	IF UNDER 24 HRS.	7. DATE OF B	IRTH 1	B. BIRTHPLACE (State or Foreign
220-78-411	7 1 4 1 2 F	32 YRS.	MONTHS DAYS	HOURS MIN.	Month, Day	27-59	Maryland
9a. FACILITY NAME (If not institution,				OR LOCATION OF E		9c. COUNT	TY OF DEATH
M. I.E.M			BALTI	MORE CI	TY		
10a. STATE 10b. Co		10c, C	TTY TOWN OR LOC	ATION			10d. INSIDE CITY
Maryland		6	DA/lin	nove			1 WES 2 NO
100. STREET AND NUMBER		DL.	1	of. ZIP CODE		10g. CITIZI	EN OF WHAT COUNTRY?
33/76W		11s The	4	2121	6	- 4	1, S, H,
11. MARITAL STATUS 1 Never Merried 2 Merried	FORCES? 1	VES 2 NO	If yes, a	CENDENT OF HISPA pecify Cubeg, Mexic	an, Puerto Hican,	ecify Yee or No- 1 etc.)	4. RACE - American Indien, Black, White, atc.
3 Widowed 4 Divorced	IF YES, GIVE WA	R OR DATES	(C) AE	S 2 EPMO Speci	No.		Mari
15. DECEDENT'S (Specify only Alghant	EDUCATION CONTRACTOR	164. DECEDENT	TS USUAL OCCUPAT If work done during in	ON	16h. KING	OF BUSINESS/INDU	STHY
Sementary/Secondary (0-12)	College (1-4 or 5+)) Mr. Do NOT	are percent.)	Not of working			
	7	une	moloy	led			
CO 11100 MAKE OF SE MISSING LAN	(0/0-	- 000	1 0	III. MOTHER'S N	AMIE (Four Mings	Molden Sumanuj	
198. INFORMANT'S NAME (Rowling)	· Coleu	nnn		INAT	4 4	LONGY	15
mrs mary	(steme	m 30	21 16	and Number of Plume	Paris Municipal Co	The same of the same of the	76/20
20y. MEZHOD OF DISPOSITION	COLONIA	206 PLACE AND DAT	E OF THE POSITION IN	SOM INTE	Dalle	29s. LOCATION — Ct	WillCIA JOIN
Donation S □ Other (Specify)	Removal from State	(2AVY)S	other pincy	estila.C.	1/26	BAL	To la Gon
21. SHINATURE OF FUNERAL SERVI	E LICENSEE	10/////	ER NAME A	AND ADDRESS OF P	MILITY	CLUPYA	1/ Homes
* Longah	1 1/2		107 S W				
	1 121	111	200	200	1103	Aug A	11 to 15.2.
23. PART I. Enter the diseases	or complications that of	auaed the death. Do	not anter the m	Dde of dylng, aug	orth	Ave. B	9/12/20/21/21/
	or complications that cure. List only one cause	caused the death. Do	not anter the m	Dide of dylng, aud	ch as cardiac o	Ave, B	Interval Between
IMMEDIATE CAUSE (Final diease or condition	ure. List only ona cause	e on aach lina.		Ede of dyling, aud	ch as cardiac o	Ave. B	Interval Between
IMMEDIATE CAUSE (Final	a. MULTIPL	caused the daeth. Do e on sach lins. E GUN SAFOT U OR AS A CONSEQUENCE	UNUMPS	Dide of dyling, aud	ch as cardiac o	Ave. B	Interval Betwear
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7/1	0	sician.	he funeral director, page 5 should be detached for use as the buriat-transit permit Page 1
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	SALTIMORE, MARYLAND 21215-0020	ir death. Page 6 may be retained by the hospital or attending physician.	e as the
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - FOR STATE STATE REGISTRAR	OF MARYLAND / DEPARTMI CERTIFICA	ENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	1 0 6 7 6 6
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH DAY	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER S SEX			November 23.	1991 3:10 P M
	4. SOCIAL SECURITY NUMBER 5. SEX 1 X M 2	MONT	MDER 1 YEAR IF UNDER 24 HRS. HS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)
	9e. FACILITY NAME (if not institution, give street and nut	70	CITY, TOWN OR LOCATION OF DE	June 1, 1913	West Virginia
FUNERAL DIRECTOR	Meridian-Hamilton Nur		Baltimore	9c. COI	UNTY OF DEATH
REC	toe. STATE 10b. COUNTY	10c. CITY, TOV	VN OR LOCATION		10d. INSIDE CITY
	Maryland 100. STREET AND NUMBER	B	altimore		1 X YES 2 NO
RA	6600 Marietta Ave.		101. ZIP CODE	10g. CIT	TIZEN OF WHAT COUNTRY?
NE NE		ECEDENT EVER IN U.S. ARMED	21214	HC ORIGIN? (Specify Yes or No-	USA
В	1 Never Merried 2 Married FORCI	S? 1 YES 2 NO GIVE WAR OR DATES	If yee, specify Cuben, Maxice 1 YES 2 X NO Specify	n, Puerto Rican, etc.)	14. RACE — American Indian, Black, White, atc. Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18a. DECEDENT'S USUA	L OCCUPATION one during most of working	16b. KIND OF BUSINESS/IN	
		-4 or 5+) life. Do NOT use retin	od.)		
)MP	17. FATHER'S NAME (First, Middle, Last)	Tool & d	7 22 22	Western	
	Clarence Crim			ME (First, Middle, Maiden Surname)	
BE	19e. INFORMANT'S NAME (Type/Print)	19b MAILING ADDE	ESS (Street and Number or Burn)	beth Muers Route Number, City or Town, State, Zi	- O- 4 h
10	Maxine Crim Drumbore			Villiamsburg.	
	20e. METHOD OF DISPOSITION 1 Burlal 2 X Cremetion 3 Removal from S	20b. PLACE AND DATE OF DIS	POSITION (Name of		VA 23185 - City or Town, Stata
	4 Donation 5 Offer (Specify)	Green Mount	Crematory	11/25 Baltim	ore. MD
	21. SIGNATURE OF FUNESAL SERVICE LICENSEE	1-0	22. NAME AND ADDRESS OF FAI ROBERT C. ALT	ENBURG FUNERAL	HOME, INC.
	23. PARTA. Enter the diseases, or complication	ins that caused the death. Do not en	6009 Harkord	Rd. Baltimor	e. MD 21214
_	iMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS A CONSCOUENCE OF):	elite to	pott	rrest, Approximate intervel Between Onset end Deeth
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):	itea -a	lyhenen	
	PART II. Other eignificent conditions contribu	ting to deeth but not resulting in the	underlying cause given in i	Pert I. 24s. WAS AN AUTOPSY	0.00
PHYSICIAN: MEDICA			and the second group in the	PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPIT	Al:	28. PLACE OF DEATH (Che	ock only one)	
IX I	t YES 2 NO 1 Inputto	nt 2 ER/Outpatlant 3 DOA 4	lursing Home 5 Residence	8 C Other (Specify)	
ВУ РН	1 Natural 5 Pending (I	ATE OF INJURY fonth, Day, Year) 28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DEŞCRIBE HOW INJURY OC	CURED
- 1	3 Suicide 8 Could not be determined	LACE OF INJURY — At home, farm, atreet, uliding, atc. (Specify)	ectory, office	281. LOCATION (Street and Number City or Town, State)	r or Rural Route Number,
COMPLETED		best of my knowledge, death occurred at the			
TO BE	30. NAME AND ADDRESS OF PERSON WHO COMPLETI	to Chuse OF DEATH (ITEM 27) (Type, Print)	29c. LICENSE NUM	BER 29d. DAT	E SIGNED (Month, Dly, Year)
	ST. DATE FILED (MONTH, Day, Year) 32. RE	GISTRAR'S SIGNATURE	001 EVERS	LIFEEN	1/3-012-14
	NOV 2 6 1991	Julia Davidson-Randal	3		

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AL RECORDS, P.O. BOX 68760,	e law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	1 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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CERTIFICATION

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TO THE FUNERA
De filed within 72
IMPORTANT: B

OF VITAL

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR JOSEPH DELILLY 11 25 1991 3:25 A 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 1 🔲 M 2 🗌 F YRS 1/7/54 215 64 6410 Md. 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR BALTIMORE JOHNS HOPKINS HOSPITAL 10e STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Balto. YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 505 N. Castle St. 21205 USA 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-II yes, specify Cuben, Mexican, Puerto Ricen, etc.)

1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S.A.MED 14. RACE - American Indian, 1 Never Merried 2 Merried FORCES? 1 YES 2 X YOU IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced Black 18e. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementery/Secondery (0-12) College (1-4 or 5 +) Laborer Chesapeake Paperboard 17. FATHER'S NAME (First, Middle, Last) 1a. MOTHER'S NAME (First, Middle, Maiden Sumeme) Francis DeLilly Emaline Chew 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code, Emaline DeLilly 505 N. Castle St. Balto., Md. 21205 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State King Memorial Pk 11/30 Balto., Md. 21 SIGNATURE OF FUNERAL SERVICE LICENSEE James A. Morton & Sons Umest 1701 Laurens St. Balto., Md. 21217 23. PART I. Enter the diseases, Dr complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, Approximata shock, or heart failure. List pniy one cause on each line. interval Batween IMMEDIATE CAUSE (Final Onaet and Oaath disaase Dr condition DUE TO JOH AS A CONSEQUENCE OF): undrozastulus resulting in death) Sequantially llat conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, lasding to immediata cause. Enter UNOERLYING CAUSE (Disesaa Dr injury DUE TO (OR AS A CONSEQUENCE OF) that initiated avants resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO menu COMPLETION OF CAUSE TYES 2 NO VES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER:
4 □ Nursing Home 5 □ Residence 8 □ Other (Specify) X YES 2 NO 1 Inpatient 2 ER/Outpatient 3 I DOA 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO м Accident 28e. PLACE OF INJURY — At home, ferm, atreet, fectory, office 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the ceuse(s) end menner es steted. 2 X MEDICAL EXAMINER: On the beels of exemination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the ceuse(s) end menner es ateted. 29c. LICENSE NUMBER 29d, DATE SIGNED (Month Day Year) ND O.C.M.E 11-25-1991

31. DATE FILED (Month, Day, Year, 1991 NOV 26

THETT, NY 111 N. PENN STREET BALTIMORE, MARYLAND 21201 32. REGISTRAR'S SIGNATURE

1.5

IN HAME AND ADDRESS OF ERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DHMH-16 Rev 1/89

HOV 28 1991 Shading There

re

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

I. DECEDENT'S NAME (First, Middle, Last)					DEALL	REG. NO.			
		U TO	TO SEE	EUL, "		2. DATE OF DEATH	NA.	YEAR 3	. TIME OF DEATH
VERA	L.	DEARIN	IG.			Nov 2	1 199		M
I. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. lest	birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		s. BIRTHPI Country)	LACE (State or Foreign
214-22-9468	1 ☐ M 2 🂢 F	65	YRS.	DAYS DAYS	HOURS MIN.	Jan 15	1926		Marvland
e. FACILITY NAME (If not institution, give str	reel and number)		91	b. CITY, TOWN (OR LOCATION OF DE			TY OF DEA	
2312 Koko Lane	9				Balti	more			
RESIDENCE OF DECEDENT	-					more			
De. STATE 10b. COUNTY			10c. CITY, T	TOWN OR LOCAT	TION			.1	IOd. INSIDE CITY LIMITS?
Maryland			Ва	1timos	re			1	YES 2 NO
0e. STREET AND NUMBER				101	. ZIP CODE		10g. CITIZ	EN OF WH	IAT COUNTRY?
2312 Koko Lane	9				21216			US	A
1. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S.ARI	MED	13. WAS DEC		IIC ORIGIN? (Specify Yes	or No-		- American Indian, White, etc.
Never Merried 2 X Merried	FORCES? 1 [IF YES, GIVE WA	YES 2 X N	0		ecify Cuben, Mexico 2 NO Specifi	n, Puarto Ricen, etc.)		Bleck, Specify.	
Widowed 4 Divorced	120, 3112 11	III OII DAILO						ороспу.	Black
15. DECEDENT'S EDUC	CATION	18e. DEC	CEDENT'S US	UAL OCCUPATION	ON	16b. KIND OF BU	SINESS/IND	USTRY	200
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Gin	Do NOT use re	k done during mo etired.)	est of working	Socia	a 1 Se	ecur	itv
High School	College (1-4 cr 5 +)		Cle.	rk					th & Wel:
7. FATHER'S NAME (First, Middle, Last)			CIC.	T 17	18. MOTHER'S NA	ME (First, Middle, Maiden		uı	OII & NCI
							Carriarrio		
John A. Brown					Mary			0-44	
						Route Number, City or Tox			
William M. Dea	aring					<u>altimore</u>			
0e. METHOD OF DISPOSITION X Burlel 2 Cremation 3 Remo	oval from State	of cometany	eramatory or	F DISPOSITION			CATION —		
□ Donation 5 □ Other (Specify)		MD Vet	eran	Cem/Ga	arrison	11/29	wing	s M	ills, MD
1. SIGNATURE OF FUNERAL SERVICE LIC						CILITNUTTER			
> Manhort E	Nutter			250	1.Gwynn	s Falls Marylan	Park	way	
140000 2.									
 PART i. Enter the diseases, or of shock, or heart failure. 				antar tha mo	oda of dying, aud	h as cardiac or resp	iretory arr	est,	Approximate interval Batwaan
IMMEDIATE CAUSE (Final									Oneat and Death
disease or condition resulting in death)	. (VA							1 600K
Toadking in doaking		OR AS A CONSEC							
	bC	APPIC	MYO	PATH	X				1 2 400
Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSEC	UENCE OF):						3
cause. Entar UNDERLYING									
CAUSE (Disease or Injury that initiated events	DUE TO	OR AS A CONSEC	UENCE OF):						
resulting in death) LAST									
and an addition and	4								
	d								+
	d.	death but not re	seulting in	tha undariyin	g cause given in		AUTOPSY		WERE AUTOPSY FINDINGS
	d	death but not re	asuiting in	tha undarlyin	g cause given in		RMED?	11111	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	d	death but not r	asulting in	tha undariyin	g cause given in	PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	d	death but not r	asulting in	tha undariyin	g cause given in	PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
PART II. Other significant condition	ds contributing to	death but not r	asuiting in			PERFO 1 TYES	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other significant condition	HOSPITAL:			28. P	LACE OF DEATH (C)	PERFO 1 YES	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA 4	28. P DTHER: Nursing Hor	LACE OF DEATH (C)	PERFO 1 YES seck only one) 8 Other (Specify)	RMED?		COMPLETION OF CAUSE OF DEATH?
PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL:	ER/Outpatient 3		28. POTHER:	LACE OF DEATH (CI	PERFO 1 YES	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 28e. DATE OF (Month, Dr.)	ER/Outpatient 3 INJURY sy, Year)	DOA 4	28. P DTHER: Nursing Hor OF 28c. IN. W M 1	LACE OF DEATH (C) me 5 Sealdence JURY AT ORK? YES 2 NO	PERFO 1 YES neck only one) 8 Other (Specify) 28d. DESCRIBE HOW	RMED?	CURED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! 1 YES 2 NO
PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 27. MANNER of DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be	HOSPITAL: 1 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 3 Inpeti	ER/Outpatient 3	DOA 4	28. P DTHER: Nursing Hor OF 28c. IN. W M 1	LACE OF DEATH (C) me 5 Sealdence JURY AT ORK? YES 2 NO	PERFO 1 YES seck only one) 8 Other (Specify)	RMED? 2 NO INJURY OCC	CURED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! 1 YES 2 NO
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PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 28e. DATE OF (Month, Deliver) 28e. PLACE Of building,	ER/Outpatient 3 INJURY — At ho etc. (Specify)	DOA 4 28b. TIME (INJUR)	28. POTHER: Nursing Hor OF 28c. IN. YV M 1 set, factory, office	LACE OF DEATH (CI	PERFO 1 YES 1 YES 1 YES 28 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State	INJURY OCC	CURED or Rural Ro	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be 4 Homicide 8 Could not be 4 Homicide 8 Could not be 4 Homicide 8 Could not be 4 CERTIFIER (Check only 1 CERTIFYING PHYSI	HOSPITAL: 1 Inpatient 2 2 28e. DATE OF (Month, Deliver) 28e. PLACE Of building,	ER/Outpatient 3 INJURY — At ho etc. (Specify) my knowledge, de	DOA 4 28b. TIME C INJUR me, farm, stre	28. POTHER: Nursing Hor VW M 1 act the time, det	LACE OF DEATH (CI	PERFO 1 YES 1 YES 1 YES 1 YES 2 Nother (Specify) 2 Ed. DESCRIBE HOW 281. LOCATION (Street City or Town, State of the couse(e) and make the couse(e)	INJURY OCC	CURED or Rural Ro	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpetient 2 28e. DATE OF (Month, Dr. 28e. PLACE OI building, ICIAN: To the best of ER: On the basic of ex	ER/Outpatient 3 INJURY — At ho etc. (Specify) my knowledge, de	DOA 4 28b. TIME C INJUR me, farm, stre	28. POTHER: Nursing Hor VW M 1 act the time, det	LACE OF DEATH (CI	PERFO 1 YES 1 YES 1 YES 1 YES 28d. DE\$CRIBE HOW 28f. LOCATION (Street City or Town, State to the ceuse(e) end must be time, date end place, a	INJURY Occurrence of the state	curent action of the cause (e)	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO oute Number, and manner ee stated. (Month, Day, Year)
PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpetient 2 28e. DATE OF (Month, De la	ER/Outpatient 3 INJURY — At ho etc. (Specify) my knowledge, de	DOA 4 28b. TIME C INJUR me, farm, stre	28. POTHER: Nursing Hor VW M 1 act the time, det	PLACE OF DEATH (Cities of State of Stat	PERFO 1 YES 1 YES 1 YES 1 YES 28d. DE\$CRIBE HOW 28f. LOCATION (Street City or Town, State to the ceuse(e) end must be time, date end place, a	INJURY Occurrence of the state	curent action of the cause (e)	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO oute Number, and manner ee stated.
PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Metural 5 Pending Investigation 3 Suicide 8 Could not be 4 Homicide 8 Could not be 4 Homicide 1 CERTIFYING PHYSI	HOSPITAL: 1 Inpetient 2 28e. DATE OF (Month, Deliver) 28e. PLACE Of building, ICIAN: To the best of experience	ER/Outpatient 3 iNJURY ey, Year) F INJURY — At ho etc. (Specify) my knowledge, de xamination end/or	DOA 4 28b. TIME (INJUR me, farm, stre neth occurred investigation,	28. POTHER:	LACE OF DEATH (Cities of State of Death (Cities of Death	PERFO 1 YES 1 YES 1 YES 1 YES 2 Other (Specify) 2 Ed. DESCRIBE HOW 2 Ed. LOCATION (Street City or Town, State) 2 to the ceuse(e) end me of time, date end place, a	end Number and due to th	cured ac or Rural Rolled.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Dute Number, and manner ee stated. (Month, Day, Year)
PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 28e. DATE OF (Month, Deliver) 28e. PLACE Of building, ICIAN: To the best of experience	ER/Outpatient 3 iNJURY ey, Year) F INJURY — At ho etc. (Specify) my knowledge, de xamination end/or	DOA 4 28b. TIME (INJUR me, farm, stre neth occurred investigation,	28. POTHER:	LACE OF DEATH (Cities of State of Death (Cities of Death	PERFO 1 YES 1 YES 1 YES 1 YES 28d. DE\$CRIBE HOW 28f. LOCATION (Street City or Town, State to the ceuse(e) end must be time, date end place, a	end Number and due to th	cured ac or Rural Rolled.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO oute Number, and manner ee stated. (Month, Day, Year)
PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29. CERTIFIER (Check only One) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WH	HOSPITAL: 1 Inpetient 2 28e. DATE OF (Month, D.) 28e. PLACE OI building, ICIAN: To the best of example of	ER/Outpatient 3 iNJURY ey, Year) F INJURY — At ho etc. (Specify) my knowledge, de xamination end/or	DOA 4 28b. TIME (INJUR me, farm, stre neth occurred investigation,	28. POTHER:	LACE OF DEATH (Cities of State of Death (Cities of Death	PERFO 1 YES 1 YES 1 YES 1 YES 2 Other (Specify) 2 Ed. DESCRIBE HOW 2 Ed. LOCATION (Street City or Town, State) 2 to the ceuse(e) end me of time, date end place, a	end Number and due to th	cured ac or Rural Rolled.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Dute Number, and manner ee stated. (Month, Day, Year)

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO	O.	
	1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF OEATH		3. TIME OF DEATH
	BERNARD	H DUND	OON, JR.				2 1991	
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		THPLACE (State or Foreign
	213-05-7811	1 🕅 M 2 🗆 F	80 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	Cou	ntry)
	9a. FACILITY NAME (If not institution, give si	traet and number)	80	at CITY TOWN	OR LOCATION OF E	03/18/1		IARYLAND
Œ						DEATH	9c. COUNTY OF	DEATH
6	G.B.M.C., 6701 N.CHARLES STREET TOWSON BALTIMO						ORE	
11 100 STATE 100 COUNTY						10d. INSIDE CITY		
E	MARYLAND							LIMITS?
-	100, STREET AND NUMBER		В	ALTIMO				1 YES 2 NO
RA				10	f. ZIP CODE			WHAT COUNTRY?
W	825 LENTON AVEN				2121	Cord	US	A
E	1 Never Married 2 Married	12. WAS DECEDENT EX	YER IN U.S. ARMED	13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (Specify Yann, Puarto Rican, atc.)	an or No- 14. RA	CE - American Indian,
BY	3 Widowed 4 Olvorced	FORCES? 1 (X) IF YES, GIVE WAR	OR DATES		2 NO Speci			ecify:
	X							White
쁘	15. DECEOENT'S EDUC (Specify only highest grade	completed)	18a. DECEOENT'S (Give kind of	WOUND OCCUPATI work done during m se retired.)	ON ost of working	16b. KINO OF BU	JSINESS/INOUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)						
M	12 Years		Eleci	cronic	Technic	cian Ma	ertin-Ma	arietta
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	F21	6			AME (First, Middle, Maider		
BE	Bernard Holden	Dundon,	Sr.		Lot	tie W. Sm	itn	
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	AODRESS (Street	and Number or Rural	Route Number, City or Tox	wn, State, Zip Code)	
2	Jill Larrimore			enton		Baltimore		21212
	20a. METHOD OF DISPOSITION		20b. PLACE AND DATE				DCATION City or	
	1 Donation 5 Other (Specify)	val from State	Greenmatory or of	40	metery		ltimore	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	or cerimic				. I CIMOT E	e, Mu.
	Anna 7.	1. Wern	ich. Sh.	Mit	cnell-l	Viedefeld	Home,	Inc.
	James F.	Burnside	, Jr.	650	0 York	Rd. Bal	timore.	Md. 21212
	23. PART is Enter the diseases, or c	omplications that ca	uaed the death. Do r	not entar the mo	da of dylng, aud	ch as cardiac or resp	liratory arrest.	Approximsta
	shock, or haart failure. [IMMEDIATE CAUSE (Final	list only ona cause of	on aach lina.					Intarval Batwaen
	disease or condition	CONCE	emine ne	A 70 / 77 A 2				Onaet and Death
	resulting in death)		STIVE HE		LUKE			Checusma
_								
6	Sequantially list conditions,		MIC CARD		THY			of
CERTIFICATION	if any, lasding to immedista cause. Enter UNDERLYING	DOL 10 (ON	AS A CONSEQUENCE OF	r):				
은Ⅱ	CAUSE (Disease or injury	DUE TO (OR	AS A CONSEQUENCE OF					
	that initiated events reaulting in death) LAST	DOL TO (ON .	AS A CONSCOURNCE OF	-):				
	d							
- 11	PART II. Other algnificant conditions	contributing to das	th but not resulting i	in the underlyin	g cause given in	Part I. 24a. WAS AN	AUTOPSV 24	b. WERE AUTOPSY FINDINGS
EDICAL	PERICARDIAL			,,,,,	g cauco green in	PERFO	RMEO?	AVAILABLE PRIOR TO
		DII ODIO	.,			1 YES :	NO	OF DEATH?
Σ								1 TYES 2 KNO
PHYSICIAN:								
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	neck only one)		
S	1 U YES 2 NO	1 Inpatient 2 ER/	Outpatient 3 DOA	OTHER: 4 Nursing Hom	e 5 🗆 Rasidenca	6 Other (Specify)		
F	27. MANNER OF DEATH	28a. OATE OF INJU (Month, Day, Ye		E OF 28c. INJ	URY AT	28d. DESCRIBE HOW	INJURY OCCURED	
84	1 Netural 5 Pending 2 Accident Investigation	(MOIRIT, Day, 16	(dr) INJ		RK?			
9	2 Accident Investigation 3 Suicida 6 Could not be	28e. PLACE OF INJ	URY — At home, farm, a	treat, factory, offic		28f. LOCATION (Street	and Number or Rurel	Poute Number
G.	4 Homicide determined	building, atc. (Specify)			City or Town, State))	noute runnos,
COMPLET	29a. CERTIFIER							
2	(Check only CERTIFYING PHYSIC	IAN: To the best of my k	nowladge, dasth occurre	d at the time, date	and place, and due	to the cause(a) and mai	nnar as stated.	
5	2 MEDICAL EXAMINER	On the basis of exemin	ation and/or investigation	n, in my opinion, d	auth occured at the	tima, deta and placa, ar	id due to the cause	(s) and mannar as atatad.
RE C	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	MBER	29d. DATE SIGNE	D (Month, Day, Year)
	I helmel	tunus			D187	18		12/51
2	30. NAME AND ADDRESS OF PERSON WHO		DEATH (ITEM 27) (Type.	Print)	6101	-0	1 -	7.1
					rd e	11to 101	COCKEY	21030 SVILLE, MD.
1	31. DATE FILED (Month Degrates)	32. REGISTRARIS S	GIGNATURE		244950	LLC IUI	JUGKET	OATHER PHO.
	MUV 25	1991	Lavidson-R	end.00				
	4	1	THE PARTY OF THE P	- Indiana				

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitled at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BAL	ter deat
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	24 hours
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OR	that
REC	requires
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IA	The
OF VI	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	AL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after
	DR
	AL

	REGISTRAR	MARYLAND /	DEPARTM	ENT OF H	IEALTH AN DEATH	D MENTA	L HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH DAY	YEAR	3. TIME OF DEATH
	LaVerne F. Doerer 4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. les	st birthday) IF	UNDER 1 YEAR	IF UNDER 24 HR		ember 22,	-	M ACE (Contract En
	216-16-2875 A 1 I M 2 🖎	69	,,	THS DAYS	HOURS MIN	May	3° 1922	Country)	LACE (State or Foreign
TOR	90. FACILITY NAME (If not institution, give street end number) 9606 Harding Avenue		96	Balti	More			Balti	ATH
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCAT	TION				10d. INSIDE CITY
	Md. Baltimore		Ca	arney					LIMITS?
FUNERAL	9606 Harding Avenue				. ZIP CODE		10g. C	ITIZEN OF WH	HAT COUNTRY?
3	11. MARITAL STATUS 12. WAS DECEDE	NT EVER IN U.S. AR			21234 ENDENT OF HIS	PANIC ORIGI	N? (Specify Yaa or No-	LISA LIA BACE	American Indian
BY F		1 YES 2 1 WAR OR DATES	NO	If yea, sp	ecify Cuban, Ma 2 NO Sp	xican, Puerto	Rican, atc.)	Black, Specify	- American Indian, White, atc.
	15. DECEDENT'S EDUCATION	X			X			White	
COMPLETED	(Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4 or s	(G life.	CEDENT'S USU live kind of work Do NOT use net	AL OCCUPATIO done during mo ired.)	ON ist of working	168	. KIND OF BUSINESS/I	NDUSTRY	
ON	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S	NAME (First,	Middle, Maiden Surname)	
BE (Walter L. Finch				Edna Lo	ocke			
5	19a. INFORMANT'S NAME (Type/Print) Felicia Finch	9	606 Hard	ing Aver	nue Balti	imore, I	ber, City or Town, State, Ad. 21234	Zip Code)	
	20e. METHOD OF DISPOSITION 1 X Burial 2 Cremetion 3 Removat from State 4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Cambridge Company of Particle Company o								
	21. SIGNATURE OF FUNERAL SERVICE I CENSEE 22. NAME AND ADDRESS OF FACILITY Leonard J. Ruck Inc. 5305 Harford Road						21214		
NOI	Sequentially list conditions,	et ceused the de use on eech line Metasta O (OR AS A CONSEC O (OR AS A CONSEC	TIC TOUENCE OF):					erreet,	Approximate Intervel Between Oneet end Daeth
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
MEDICAL	PERFORMED? 1 YES 2 NO OF DEATH? AVAILABLE PRID COMPLETION DE OF DEATH?						VERE AUTOPSY FINDINGS VAILABLE PRIDE TO OMPLETION DF CAUSE F DEATH? YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		or	26. PL.	ACE OF DEATH	(Check only on	6)		
1YS	1 YES 2 NO 1 Inpatianf 2	ER/Outpetient 3	DOA 4	Nursing Home	5 Residence				
ВУ РЬ		Pay, Year)	28b. TIME OF INJURY	M 1 Y	JRY AT RK? ES 2 NO	28d. DES	CRIBE HOW INJURY O	CCURED	
ED	3 Suicide 8 Could not be 4 Homicide determined	OF INJURY — At hor, etc. (Specify)	me, ferm, streef	factory, office		281. LOC. City	ATION (Street and Numb or Town, State)	er or Aural Aou	ite Number,
COMPLET	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of one) 2 MEDICAL EXAMINER: On the basis of of	f my knowledge, dec	eth occurred st	tha time, date my opinion, de	and place, end o	lue to the cau	se(a) and menner as at	sted. the cause(a) a	and manner as stellad.
BE	296. SIGNATURE AND TITLE OF CERTIFIED	w			29c. LICENSE N	NUMBER 146	29d. DA	TE SIGNED	fonth, Day, Year)
임	30. NAME AND ADDRESS OF PERSON WHO COMPUTED CAU	SE OF DEATH (ITEN	1 27) (Type, Print)		9()			yu	

Charles A. Padgett MD 5601 Loch Raven Blvd. Baltimore. Md. 21239 Suite 107
31. DATE FILED (Month, Day, Year)

32, REGISTRAR'S SIGNATURE

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HOSPITAL OR ATTENDING PHYSICIAN:

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91-6843-510 Item23partII 1-18-92 FilmG683 W.H. Per Ocme Items: 23partI 27,28a,b,c,d,e,f per MEO G-682 12/4/91 reb FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1991 20 PEARLY EDMONDSON 12:51 рм 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) gr Foreign 8-60-405 DAYS HOURS YRS Ge. FACILITY NAME (If not Institution 9b. CITY, TOWN OR LOCATION OF DEATH) 9c. COUNTY OF DEATH DIRECTOR MARYLAND GENERAL HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. fNSIDE CITY LIMITS? MARUIMO Limore 1 VES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 12 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMI FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or Noff yee, specify Cuban, Mexican, Puerto Rican, etc.)
1 YES 2 7 TO Specify: 14. RACE — American Indian, Black, White, atc. 1 Maver Married 2 Marrie IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced ETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 18e. DECEDENT'S USUAL OCCUPATION 18b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maider ora BE 199 INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (St 9 Alvic 20e. METHOD OF DISPOSITION

1 Deurlai 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Nat 4 Donetion 5 Other (Specify) 21. SQUÂCURE OF PUNERAL SERVICE LICENSEE 22 NAME AND 23. FART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or respiratory arreat, ahock, or heart failure. List only one cause on each line. Approximate interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition Narcotic intoxication reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF). that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS Fatty Liver AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO Atherosclerotic Cardiovascular Disease 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Rasidenca 8 □ Other (Specify) YES 2 NO 1 | Inpatiant 2 | XER/Outpatiant 3 | DOA 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY 10:00 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED (Month, Day, Yea 11/18/9 1 Natural 5 Pending 1 YES 2 NO Unknown 2 Accident 28a. PLACE OF INJURY - At home, larm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be determined 4 Homicide Unknown

1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, date end place, end due to the cause(s) and manner as stated. 2 [X] MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER

A Halight MO

29c. LICENSE NUMBER O.C.M.E.

29d. DATE SIGNED (Month, Day, Year) 11/21/1991

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DONALD G WRIGHT MD DOME 111 PENN STREET BALTIMORE, MARYLAND 21201

31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 26 hie Davidson-Randell 1991 1000

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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be the within 72 hours after death with the State Dept, of Health and Merital Hygiene prior to burial, cremation, or removal.	IMPORTANT: If flem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical evaninar must be notitied as
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			91 32428
	1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AN CERTIFICATE OF DEATH		
	1. DECEDENT'S NAME (First, Middle, Lest)	REG. NO.	3. TIME OF DEATH
	Gregory H. Fellows	MONTH DAY	01111301
	4. SOCIAL SECURITY BUMBER 5. SEX 8. AGE (In yrs. lest birthdey) F UNDER 1 YEAR F UNDER 24 HT WAS MINOR 24 HT YRS. MONTHS DAYS HOURS MIN	(Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)
	9e. FACILITY NAILI/I not institution, give street and number) 9b. CITY, TOWN OR LOCATION O	F DEATH	9c. COUNTY OF DEATH
DIRECTOR	ST Agnes Hosp. BAITIMO	re City	
	DAYUM 106. COUNTY 106. CITY, TOWN OR LOCATION	0	10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10. STREET AND NUMBER 101. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?
N N	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HIS	5	0,3,14.
BY FI	1 Never Married 2 Merried FORCES? 1 TES 2 NO If yes, specify Cuban, Ma 3 Widowed 4 TWO TOOL IF YES, GIVE WAR OR DATES 1 YES 2 NO Sc		or No— 14. RACE — American Indian, Black, Whita, etc. Specify: J
	15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION		BIACK
COMPLETED	(Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4 or 5 +) (Specify only highest grade completed) (Give kind of work done during most of working title. Do NOT use retired.)	16b. KIND OF BUSI	NESS/INDUSTRY
MPL	Disability		
BE CON	17. FATHER'S NAME (First, Middle, Lest) Fellows Fifther's	NAME (First Middle, Maiden S	umame)
0	(196. INFORMANT'S NAME (Type/Print)	ral Route Nymber, City or Yown,	Stete, Zip Code)
	20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of	DAILO.	1110, d 1215
	1 Deuriel 2 Cremation 3 Removal from Stata 4 Donellon 5 Other (Specify)	DATE 20c. LOC	ATION — City or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 221 NAME AND ADDRESS OF	FACTURY SS EU	Verpl Home
	Joseph J. Russ 2002 W.	orth Ave	balk misis
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, a shock, or heart failure. List only one cause on each line.	uch as cardiac or reapire	Approximata interval Batween
			Onset and Death
	DUE TO (OR AS A CONSEQUENCE OF):		
Z	diaease or condition reaulting in death) a. Due to (or as a consequence of): Sequentially list conditions,		
ERTIFICATION	If any, leading to immediata cause. Enter UNDERLYING		
FIC	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):		
ERT	resulting in death) LAST		
0	PART II. Other algniticant conditions contributing to death but not resulting in the underlying cause given	In Part I. 24e. WAS AN AI	UTOPSY 24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	Datitu Kitrusses	PERFORM 1 YES 2	ED? AVAILABLE PRIOR TO COMPLETION OF CAUSE
ME			OF DEATH?
AN	25. WAS CASE REFERRED TO MEDICAL 25. WAS CASE REFERRED TO MEDICAL		
SICI	EXAMINER? HOSPITAL: OTHER:		
ЭНХ	27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT	28d. DEŞCRIBE HOW INJ	URY OCCURED
BY F	1 Natural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation M 1 YES 2 NO		
0	3 Suicide 8 Could not be 4 Homicide gatermined 28a. PLACE OF INJURY — At home, farm, atreet, fectory, offica building, etc. (Specify)	28f. LOCATION (Street and City or Town, State)	1 Number or Rural Route Number,
COMPLET	29e. CERTIFIER		
J M D	(Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, daeth occurred at the time, date end place, end one) MEDICAL EXAMINER: On the best of axamination end/or investigation, in my opinion, daeth occurred at	the to the cause(s) and menne the time, data and oleca, and	or as stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIER 20c. LICENSE		29d. DATE SIGNED (Month, Day, Year)
TO B	X RESTOUNT PHELSTERISM		>
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ANDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ANDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ANDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	let. MA	24234
	31. DATE FILED (Month, Day, Year) 32. RECISTRAR'S SIGNATURE 9	311	9009
	NOV 2 6 1991 Julia Davidson-Rindelle		
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31. DATE FILED (Month)

2 6 32 REGISTRAR'S SIGNATURE

TO THE PARTY OF TH		TO BE COMPLETED BY FINERAL DIRECTOR
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		CERTIFICATION
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1. DECEDENT'S NAME (First, Middle, Las	A FIEL	-D5					2. DATE OF DE	ATH DAY	1947	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. lest I		F UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIR	тн	8. BIRT	THPLACE (State or Forei
212-12-4125	1 💢 M 2 🗌 F	76	YRS.	IONTHS DAYS	HOURS	MIN.	(Month, Day, Feb 7	1915	Cour	ntry) Iowa
9e. FACILITY NAME (If not institution, give	street and number)		1	9b. CITY, TOWN	OR LOCATI	ON OF DEA			DUNTY OF	
Siani Hospita	1			Balt	imo	re				
RESIDENCE OF DECEDENT 100. STATE 10b. COUN	TV		40- 0074							
				TOWN OR LOCA						10d. INSIDE CITY LIMITS?
Maryland				altimo	re f. ZIP CODI					1 X YES 2 NO
25/1 Work Ton	1 - 01			10				10g. C	ITIZEN OF	WHAT COUNTRY?
2541 West Lan		TEVER IN U.S. ARMI	IED.	12 44 00		1216			USA	
1 Never Married 2 Merried	FORCES? 1	YES 2 NO		If yes, sp	ecity Cuba	n, Mexicen	C ORIGIN? (Spec , Puerto Rican, e	city Yee or No-	14. RAG	CE — American Indian, ck, White, etc.
3 Widowed 4 Divorced	World W			1 YES	2 NO	Specify'			Spe	Black
15. DECEDENT'S ED (Specify only highest grad	UCATION de completed	16e. DECE	EDENT'S US	SUAL OCCUPATION	ON		16b. KIND	OF BUSINESS/I	NDUSTRY	DIACK
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ligh School		Inve	esti	gator	Tech	1.	Soci	al Se	cur	ity Admi
17. FATHER'S NAME (First, Middle, Last)					7		IE (First, Middle, I			
Leroy Fields					Eı	ıla	Robins	son		
19e. INFORMANT'S NAME (Type/Print)		19b.	MAILING A	DDRESS (Street o			oute Number, City		Zip Code)	
Melvinnia Fie	1ds	25	541	West I	anva	ale	Street	Ba 1	to.	, MD 212
209 METHOD OF DISPOSITION	DISPOSITION Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) DATE 20c. LOCATION — City or Town,									
Donetion 5 Other (Specify)		Garri	son	Fores	t Ce	m	11/22	Owing:	s Mi	11s, MD
1. SIGNATURE OF FUNERAL SERVICE L	ICENSEE			22. NAME AI	ND ADDRES	S OF FAC	ILITY NII t. t	er Fu	ner	al Homes
Kermon	R ISC	1 1 801		2501	Gwy	nns	Falls MD 21	Park	VEW	
23. PART i. Entar the diseases, or				IBAIT	. 1 m () 1	^A .	MID 71	216	1	
about my bound follow	complications the	t causad tha deat	th. Do not	enter the mo	da of dyi	ng, auch	MD 21	216	errest.	Approximate
ahock, Dr haart failura	List Dnly Dna Cau	t causad tha deat se on each line.	th. Do not	enter the mo	da of dyi	ng, auch	MD 21	216 reapiratory a	arrest,	intarvai Batv
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MMEDIATE CAUSE (Final disease or condition resulting in dasth)	a. Se	PTIC S	HOC	enter the mo	1 mo1	ng, auch	MD 2]	. 216 reapiratory a	nrrest,	intarvai Baty
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for use as the burial-transit permit. Pages 1, 2, 3 should

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Page	al di	ner
death	funer	exam
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 vours after death. Page 6 may be retained by the hospi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal	IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR		STATE OF N	MARYLAND	/ DEPAI					MENTA	L HYGIE		91	32430
	1. DECEDENT'S NAME (Flirs),	BERT	LLOYD	FOST		IOAII		DLA		2. DATE	OF DEATH	DAY	YEAR 3	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 292-18-7310 1 M 2 F 6. AGE (In. 90. FACILITY NAME (It not institution, give street and number)			6. AGE (In yrs. I	est birthdey) YRS.	YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year) 3-14-23,]				6. BIRTHPLACE (State or Foreign Country) MASSACHUSETTS				
TOR	HARBOR HOSPITAL CENTER						10RE	ION OF D	EATH			NTY OF DEA		
DIRECTOR	10a. STATE 10b. COUNTY				10c. C(1	ry, town	OR LOCA	TION						0d. INSIDE CITY LIMITS?
	MARYLAND ANNE ARUNDEL 100. STREET AND NUMBER				LIN	THIC	_	HEIGH				1		YES 2 NO
FUNERAL	342 EDGEWOOI	D RD.					177	21090				U.S		AT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Merried 2 X 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 X	RMED NO		WAS DEG	CENDENT (OF HISPA	an, Puerto	N? (Specify) Ricen, etc.)		14. RACE — American Indian, Black, White, etc. Specify: WHITE	
TED	15. DECI (Specify only	EDENT'S EDUC highest grade	CATION completed)		DECEDENT'S	work done	CCUPATI during me	ON ost of working	ng	16	b. KIND OF B	USINESS/IND		WILLIE
COMPLETED	Elementery/Secondary (0		College (1-4 or 5	+)	ECHAN		ENC					E MOT	ORS	
BE CC	17. FATHER'S NAME (First, Middle, Last) RAYMOND FOSTER									WAL]	Middle, Maide	n Surname)		
70						MLING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)							1000	
	MARY F. FOSTER 342 EDGEWOOD RD. LINTHICUM HEIGHTS, MD 21 200. METHOD OF DISPOSITION 200. PLACE AND DATE OF DISPOSITION (Name of 1) XButtel 2 Competition 2													
	1 XBurlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) SACRED HEART OF JESUS 11-27 BALTIMORE, MD 22. NAME AND ADDRESS OF FACILITY													
	· HLN	Uson	Zun	l-	_	S	INGI	LETON	FUN	VERAI	L HOME		NIE.	MD 21061
	IMMEDIATE CAUSE (Fin disease or condition reaulting in death)	part faiture.	Hepal	t caused the dise on each line	e.	etas			Ing, auc	h aa car	diac or res	piratory arr	est,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
- 11	DATE II OU		1											
PHYSICIAN: MEDICAL	PART II. Other algorifican	nt condition	a contributing to	death but not	resulting	In the un	derlyln	g cause (given in	Part 1.	24a. WAS A PERFO	PRMED?	Al Ci	ERE AUTOPSY FINDINGS VAILABLE PRIOR TO DMPLETION DF CAUSE F DEATH? YES 2 NO
CIAI	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHE		ACE OF D	EATH (Ch	eck only o	ne)			4 100
HYSI	1 YES 2 NO			ER/Outpatient	3 DOA	_	sing Horr		5 Realdenca 6 Other (Specily)					
BY PI	1 Natural 5	Pending nvestigation	(Month, D			JURY M		PES 2	NO	28d, DE	SCRIBE HOW	INJURY OCC	CURED	
	2 Accident investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, building, etc. (Specify)				ome, ferm,	erm, atreet, fectory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 1408 Smtal, Balti					Baltiner			
COMPLETED	29a. CERTIFIER (Check only one) 29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the base of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) and menner se stated.													
BE	29b. SIGNATURE AND TITLE	OF CERTIFIER		10				-	ENSE NUI					
5	30. NAME AND ADDRESS OF ROLLING	PERSON WHO	completed caus	arls or	EM 27) (Type	Print)	9 G	enti	i,B	alti	uge 1	4D,2	12	30
	31. DATE FILED (Month, Day,)			R'S SIGNATURE										
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NOV 26 1991

MON BRIDGE SECTION

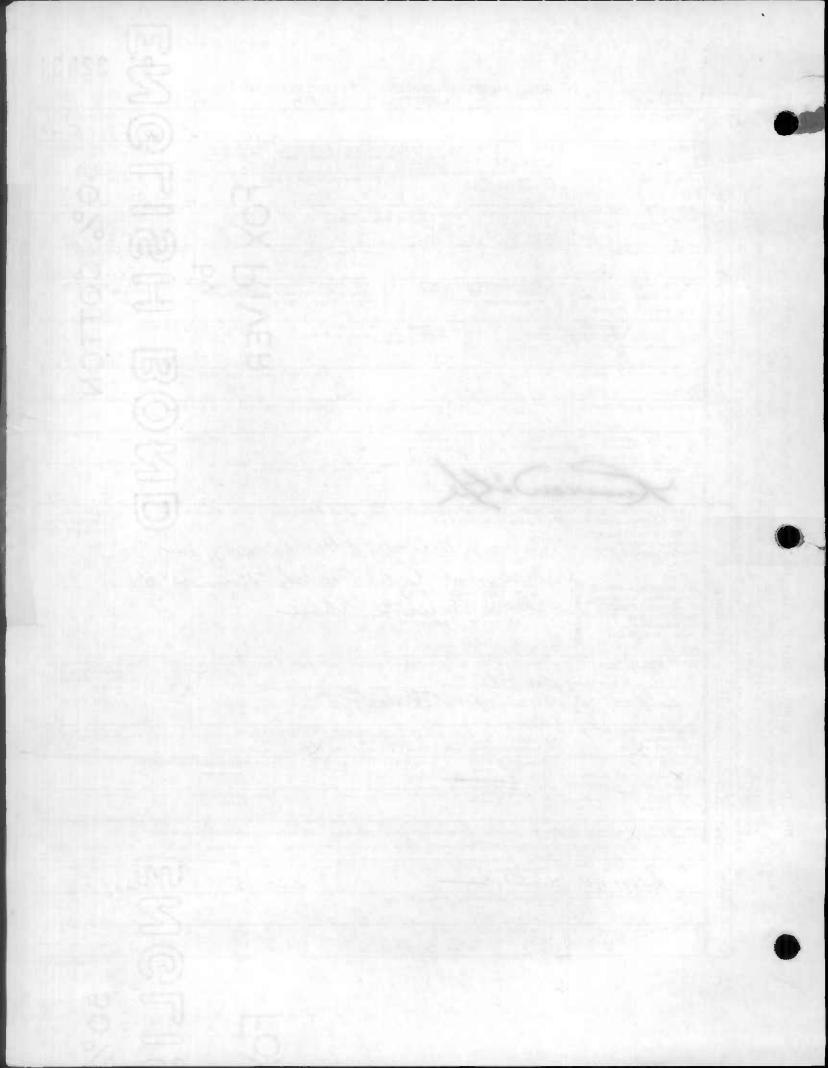
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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STATE OF	MARYLAND	/ DEPARTMENT	OF H	HEALTH	AND	MENTAL	HYGIEN
	C	ERTIFICATE	OF	DEAT	H		REG. NO

	FOR STATE REGISTRAR	STATE OF M				F HEALTH		MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Las	ELIZABETH	FLYN	JN				2. DATE OF DEATH] 1/2 MONTH DAY/2	5/91 9/	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. I	est birthday)	IF UNDER 1 Y		R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT	HPLACE (State or Foreign
	212-16-0067	1 🗆 M 2 💢X	79	YRS.	MONTHS D	AYS HOURS	MIN,	OCT. 21, 191		ARYLAND
DIRECTOR	9e. FACILITY NAME (If not institution, give	re street and number)			9b. CITY, TO	WN OR LOCAT	ION OF D		COUNTY OF	
	12 OSBORNE AVEN		(CATONS	VILL	E	BA	LTIMORE		
	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY									
				10c. CIT	Y, TOWN OR I					10d. INSIDE CITY LIMITS?
- 11	MARYLAND BALTIMORE				CAT	ONSVIL				1 TYES XX NO
FUNERAL	100. STREET AND NUMBER					10f. ZIP CO				WHAT COUNTRY?
	1604 IDLEWILDE			2			212:		- Y	S.A.
BY FU	11. MARITAL STATUS 1 Never Merried 2 Merried 3XXWidowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2	ARMED XO	If y		en, Mexic	NIC ORIGIN? (Specify Yes or No en, Puerto Ricen, etc.) fy:	Ble	CE — American Indian, ck, White, etc. cdty: WHITE
	15. DECEDENT'S E				USUAL OCCU		-1	16b. KIND OF BUSINES	S/INDUSTRY	
COMPLETED	(Specify only highest gri	College (1-4 or 5+)	- 1	life. Do NOT us	work done duri se retired.)	ng most of work	ang			
릴		4		DIETIC	IAN			HOSPITA	L	
Š	17. FATHER'S NAME (First, Middle, Last)					18. MO	THER'S N	AME (First, Middle, Malden Surna	me)	
BEC	FRANK PEACH	H					ANNA	NELSON		
	19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (S			Route Number, City or Town, Sta	te, Zip Code)	
2	JOSEPH FLYNN	(SON)		12 OS	BORNE	AVENU	E. CA	TONSVILLE, MD.	2122	8
	20e. METHOD OF DISPOSITION	They be a		CE AND DAT	E OF DISPOS	ITION (Name		DATE 20c. LOCATIO		
	1XXBuriel 2 Cremetion 3 R 4 Donetion 5 Other (Specify)	emoval from State	NEW NEW	CATHE	DRAL (e) CEMETEI	RY	11/27/91 BALT	IMORE	.MD.
	21, SIGNATURE OF FUNERAL SERVICE	LICENSEE	11			ME AND ADDR		ACILITY		
	Lussell	eau i	to					SSELL C. WITZ N AVENUE, CATO		
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in dasth) Sequentisity list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. Mali	OR AS A CONS	SEQUENCE O	the	Adom Pleu aba	sal sal	Efferen 5	3° H	Interval Between Onset and Desti
PHYSICIAN: MEDICAL C	PART II. Other eignificant conditions of the condition of	- / 1	Qi .		in the under	1	given ii	1 Part i. 24a. WAS AN AUTO PERFORMED 1 YES 2	?	4b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	L				28. PLACE OF	DEATH (C	heck only one)		
္က	EXAMINER?	HOSPITAL:	ER/Outpatient	3 □ DOA	OTHER:	a Home 5	Residence	8 Other (Specify)		
PHY	27. MANNER OF DEATH 1 Neturel 5 Pending	28e. DATE OF (Month, De	INJURY	28b, TIR		Bc. INJURY AT WORK?		28d. DESCRIBE HOW INJUR	Y OCCURED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not determined	be 28e. PLACE O	F INJURY — At etc. (Specify)	home, farm,	atreet, fector	1 YES 2		28t, LOCATION (Street end N City or Town, State)	lumber or Run	al Route Number,
COMPLETED	COLUMN OLINA							ue to the ceuse(e) end menner and the time, date end place, end du		e(e) and manner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFICATION OF CERTIFICATIO	Sunson	15			29c. Li	ZZ	S 75 290	DATE SIGN	ED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON DENNIS SMI		SE OF DEATH (I	TEM 27) (Typ	e, Print)			BALTIMOR	E, MD.	
	31. DATE FILED (Month, Day, Year)		AR'S SIGNATURE						,	
	NOV 2	6 1991 9	Fulia Dav	idsor-1	ander					



FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR		CERTIF	ICATE O	F DEATH	REG.	NO				
	1. DECEOENT'S NAME (First, Middle, Last			2. DATE OF GEATN 3. TIME OF DEATN							
	JOSEPH	H. FI	ETZ			MONTH 11	22 199	1 5:05 P M			
	4. SOCIAL SECURITY NUMBER		. AGE (In yrs. last birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH		B. BIRTNPLACE (State or Foreign			
	213-58-4618	1 M 2 D F	32 YRS.	MONTHS DAYS	HOURS MIN.	01- 15-1	959	Maryland Maryland			
	9e. FACILITY NAME (If not institution, give			9b. CITY, TOW	OR LOCATION OF			TY OF DEATH			
Ю	THE JOHNS HO	PKINS HOSP:	ITAL	BALIT	MORE CIT	Y					
2	RESIDENCE OF DECEDENT 100. STATE 10b. COUN	TV									
DIRECTOR	Maryland Bal	y, town on Local	ATION			1 VES 2 X NO					
	10e. STREET AND NUMBER				10f. ZIP CODE		10g CITIZ	EN OF WHAT COUNTRY?			
EB	Collingham Drive	7826			21222		U.S.				
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARMED			NIC ORIGIN? (Specify		4. RACE — American Indian,			
BY F	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1	YES 2 NO	If yes,	specify Cuban, Mexic ES 2 NO Speci	an, Puarto Ricen, etc.)		Black, Whita, atc.			
	15. DECEOENT'S ED	HOATION						White			
12	(Specify only highest grad	de completed)	18e. OECEDENT'S	VSUAL OCCUPA work done during is se retired.)	TION most of working	16b. KINO OF	BUSINESS/INOU	STRY			
COMPLETED	Elementary/Secondery (0-12)	College (1-4 or 5+)	Welder	se recired.)		Indust	rial				
OM	17. FATNER'S NAME (First, Middle, Last)		1		18 MOTNED'S N	AME (First, Middle, Mail					
		Fetz			Elizab		Hopki	ns			
8E	19e. INFORMANT'S NAME (Type/Print)		19b, MAILING	AODRESS (Street		Route Number, City or	- 1				
10	Henry Joseph	Fetz	329 C	Cornwal	St. Bal	timore, M	id. 2122	24			
	20e. METHOD OF DISPOSITION		20b. PLACE AND DATE O	OF DISPOSITION				ty or Town, State			
	1 Buriel 2 Cremation 3 Res 4 Donation 5 Other (Specify)	noval from State	St. Star	ther place)		11/25 Baltimore, Md. 2122					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 1005 Dundalk Ave. Baltimore, Md. 21224										
	Mark 6	A. Chas	nach-	W. Da	bundalk . browski-	Ave. Balt Chojnacki	Funera	Ma. 21224 al Chapel			
	23. PART I. Entar the diseases, or	complications that c	auaed the death. Do n								
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final										
	disease or condition	Lvn	nhahla	المرأ راعدام	/	201		Onset and Death			
	reaulting in death)	UE TO (O	AS A CONSEQUENCE OF	7:	-y/	y per	na	YEAT			
Z		a 6/1	ver far	lore				Luserk			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	OUE TO (OI	R AS A CONSEQUENCE OF	7):				7.00			
2	cause. Enter UNDERLYING CAUSE (Disease or injury										
Ë	that initiated events reaulting in death) LAST	DUE TO (OF	R AS A CONSEQUENCE OF	F):							
ij II		d									
- 11	PART II. Other significant condition	na contributing to de	ath but not reaulting i	n the underlyi	ng cause given in	Part I. 24e. WAS	AN AUTOPSY	24b. WERE AUTOPSY FINOINGS			
EDICAL							ORMEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
ME							7	OF DEATH?			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:			PLACE OF DEATH (CA	neck only one)					
YSI	1 TYES 2 NO		R/Outpatiant 3 DOA	OTHER:	me 5 🗆 Realdenca	8 Other (Specily)					
F	27. MANNER OF OEATH 1 Natural 5 Pending	28e. DATE OF IN. (Month, Day,			JURY AT	28d. DESCRIBE NO	W INJURY OCCU	REO			
B	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO						
ED	3 Suicida 8 Could not be 4 Nomicide datarmined	28s. PLACE OF II building, etc	NJURY At home, tarm, s. (Specify)	treet, fectory, off	ica	281. LOCATION (Stre City or Town, Str	et and Number or	Rural Route Number,			
<u> </u>	An- Occasional A										
MP.	29a. CERTIFIER (Check only one)	SICIAN: To the best of my	knowledge, death occurre	d at the time, da	te end plece, end dus	to the ceuse(a) and	nenner ee atated				
COMPLET	2 MEOICAL EXAMIN	ER: On the basis of exam	ination end/or investigation	n, in my opinion,	death occured at the	time, date and pieca,	and due to the	cause(s) and mannar as atstad.			
ш	29b. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NUI	MBER	29d. OATE S	SIGNEO (Month, Day, Year)			
TO B	Chins H	Kell					1 /	1/22/91			
	30. NAME AND ADDRESS OF PERSON WI			Print) (ol	00 N.	WOIFE	Street	24 5			
	Charles H	Redfe		13	Altim	ore, m	Dai	205			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE		VAN B R	toos A	4 7	500			

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 Pecus after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

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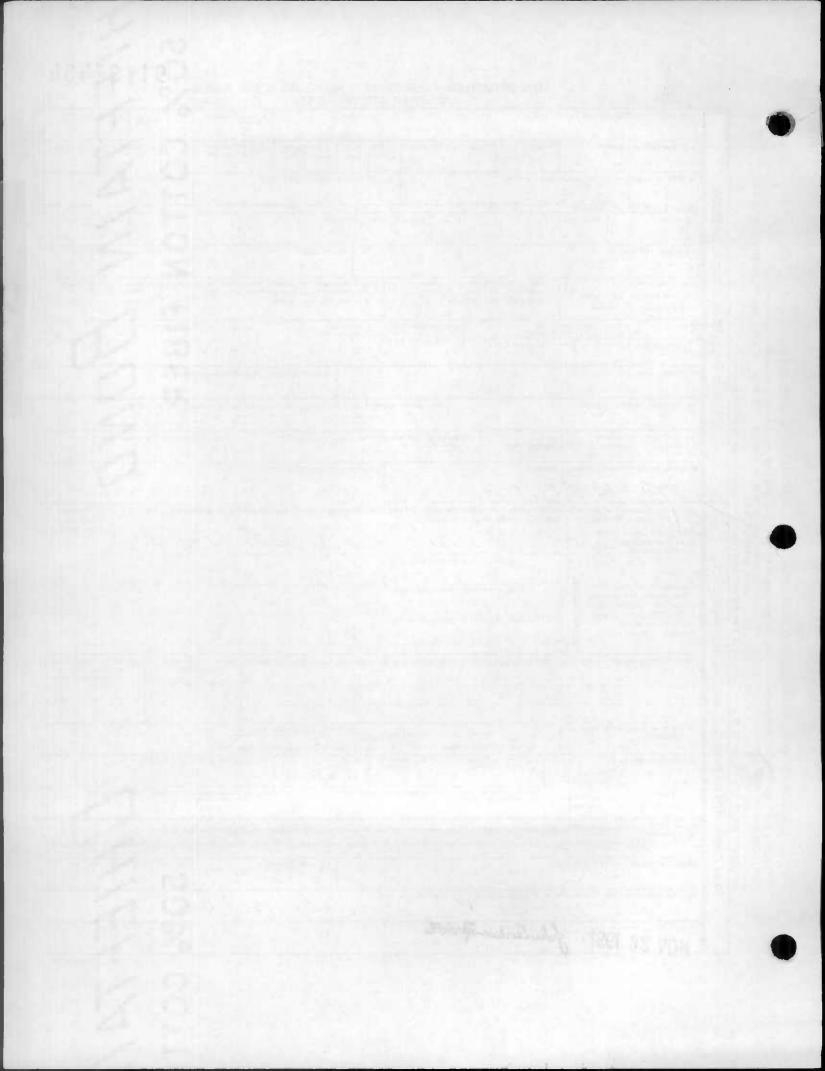
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	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the furial-transit nermit page		
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.)IRECTC	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
PITAL	ERAL C	1 22 h	THE
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	No.		

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF H	TEALTH AND		YGIENE EG. NO.	02.700	
		dward Gerber				2. DATE OF D	DAY	YEAR 3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 219-10-9650	t 🔀 M 2 🗆 F	n yrs. last birthday) 76 yrs.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B	PTH 2 2/14	8. BIRTHPLACE (State or Foreign Country) Pennsylvania	
TOR	90. FACILITY NAME (If not institution, give University Ho RESIDENCE OF DECEDENT				imore		9c. COUN	ITY OF DEATH	
DIRECTOR	10a. STATE 10b. COUNT	ltimore		y, town on Locat Catons \				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	8 S. Beechwood	Avenue		101	21228	X		ZEN OF WHAT COUNTRY? J.S.A.	
ВҰ	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or No. If yes, specify Cuban, Maxican, Puerto Rican, etc.) YES 2 XNO Specify:			2- 14. RACE - American Indian, Black, Whita, atc. Specify: White	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of v	usual occupation work done during more retired.)	st of working		of Business/INDU	USTRY	
BE COM	17. FATHER'S NAME (First, Middle, Last) Charles Gerbe	er			18. MOTHER'S N		Maiden Surname)		
TO E	19e. INFORMANT'S NAME (Type/Print) Mrs. Frances P	. Gerber	196. MAILING 8 S.	Beechw	nd Number or Rurel 700d AV	e. Bal	ty or Town, State, Zip o	^{Code)} 21228	
	20a. METHOD OF DISPOSITION 1 in Burlet 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	noval from Stata ceme	PLACE AND DATE OF	PEN Ceme	etery	11/26	20c. LOCATION - C Sykesv		
	21. SIGNATURE FUNERAL SERVICE LIN	Jack Ja	5 moos	Sterl	ing As dmonds	hton F	uneral	Home, Inc. o. Md. 21228	
	23. PART I. Enter the diseases, prahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. DUE TO (DR AS A	the death. Do n	Dt enter the mo	de of dying, aud	ch as cardiac g	or respiratory arre	Approximate interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST b. OTOTULA ATTULY DISCUSSIONAL CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.								
PHYSICIAN: MEDICAL C	PART II. Other algnificant condition	a contributing to death bu	it not resulting in	n the underlying	cause given in		WAS AN AUTOPSY PERFORMED? YES NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICIAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	NØSPITAL:		OTHER:	ACE OF DEATH (C				
ву Рну	27. MANNER OF DEATH Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME		JRY AT		E HOW INJURY OCCU	JRED	
	3 Suicida 6 Could not be determined	28e. PLACE OF INJURY - building, etc. (Specif	At home, ferm, at	raat, fectory, offica		28f. LOCATION City or Town	(Street and Number of	r Rural Route Number,	
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my knowle	dga, daath occurred	d at the time, data , in my opinion, de	and pieca, and dus	to the cause(a) of time, data and p	and menner as steteo	d. cause(a) end manner ea atated.	
TO BE (29b. SIGNATURE AND TITLE OF CERTIFIER	- My Jan	Wr 2 D	ush,	29c. LICENSE NUI		29d. DATE	SIGNED (Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHITE TO SEE THE SEE (Month, Day, Year)	am for	23	1 S. G.	eene	St -	But v	W ZIZOI	
		991 Julia Pau	rune Hand	2000	141				

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			ENIIL	ICAL	UF	DEALL	1	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest) Clevland		0:11	, _					DATE OF DEATH	Y	YEAR 3	. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	E CEV	Gillis 5. SEX 6. AGE (in yrs. last birthday) F UNDER 1 YEAR F UNDER 2			= 10.0000 41	1 1 - 25 - 9 1			ACE (State or Foreign		
	Manager and the second	1 M 2 F		YRS.	MONTHS	DAYS	HOURS I	MIN.	Month, Day, Year)		Country)	
	216 30 5066 9a. FACILITY NAME (If not institution, give s	1	57	Tria.	01.000	701101	R LOCATION		11-12-3		N.C	
œ								OF UEATH		9c. COU	NTY OF DEA	TH
5	2603 Ruscombe	2			Be	alt1	more					
FUNERAL DIRECTOR	10a. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN C		imor	е				Od. INSIDE CITY LIMITS? YES 2 NO
7	10e. STREET AND NUMBER					101	ZIP CODE			10g. CITI		AT COUNTRY?
ER/	2603 Ruscombe						2121	5			115	SA
3	11. MARITAL STATUS	12. WAS DECEDEN					ENDENT OF I	HISPANIC O	RIGIN? (Specify Yea	or No-		- American Indian, While, atc.
B	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE V	YES 2 [_INO			2 NO		erto Rican, etc.)		Specify:	
	15. DECEDENT'S EDU (Specify only highest grade		16a.	DECEDENT'S	USUAL O	CCUPATIO	N et of working		16b. KIND OF BUS	INESS/IND	USTRY	
ᄪᅵ	Elementary/Secondary (0-12)	College (1-4 or 5	+)	(Give kind of life. Do NOT u								
MP					Fir	efi	ghte	r	Balto	. C	ity	
BE COMPLETED	17. FATHER'S NAME (First, Middle, Last)				112				First, Middle, Maiden	Surname)	- 1	
WE .	Rudolph	Gilli	LS				Lei	na	Brown			
0	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRES	S (Street a	nd Number or		Number, City or Town			
-	Georgia Gillis			2603	Rus	con	be J	Balt	o., Md.	21.	215	
	20a. METHOD OF DISPOSITION 1- Burlal 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from Stata	other	place)			netery, cremato				City or Town	1000
	21. SIGNATURE OF FUNERAL SERVICE LIS	CENSEE	_Md. N	at10			D ADDRESS			reı	, Mo	0
	· James a		n		J	ame	s A.I	Mort	on & Sc	ns	M	1. 21217
MEDICAL CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b. DUE TO	(OR AS A CONS	SEQUENCE O	M.	, Car			the my to	1369		
CE		d										1
	PART II. Other significant condition	ns contributing to	death but no	ot resulting	in the u	nderlyin	g cause giv	ren in Part	24e. WAS AN PERFOR 1 TYES 2	MED?	6	VERE AUTOPSY FINDINGS MALLABLE PRIOR TO MALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					00.00	ACE OF DEA	T11 (04 1 -	-1:1	_		
[[]	EXAMINER?	HOSPITAL:	Teman . I at .	. 🗆	OTHE	R:	ACE OF DEA					
¥	27. MANNER OF DEATH	1 Inpatient 2 (3 1 DOA 28b. TII		28c. IN.			Other (Specify) 1. DESCRIBE HOW I	N.IIIBY OC	CHOEN	
	1 Natural 5 Pending	(Month, I			JURY	W	PRK?		2. DESCRIBE HOW I	NOON! CC	CONED	
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide datermined	26a. PLACE (OF INJURY — At, alc. (Specify)	home, farm,	atreet, fac			_	LOCATION (Street of City or Town, State)		r or Rural Ro	ute Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS											and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	11	1,VA				29c. LICENS	SE NUMBER	79	29d. DAT	E SIGNED (Month Day, Year)
-	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAL	SE OF DEATH (TEM 27) (Typ	19 L	SAC	KER	e or	VE; BA	ALT	1170.	REY
	NOV 28 4997	fula David	AR'S SEATON		1	V	~				1/1	of.



BALTIMORE, MARYLAND 21215-0020

BOX 68760,

P.O. |

DIVISION OF VITAL RECORDS,

requires that the death

HOSPITAL OR ATTENDING PHYSICIAN: The law

IMPORTANT: If Item 28

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31. DATE FILED (Month, Day, NOV 2 6

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	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the		item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1	DIRE	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or ru	tem

91 32435 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 23 3. TIME OF DEATH MONTH 11 **JAMES** Lou GARRISON 02:41 PM m 4. SOCIAL SECURITY NUMBER 5. SEX () 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1th, Day, 100, 216-36-8443 1 1 1 2 F DAYS HOURS YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR NORTH ARUNDEL HOSPITAL ASSOCIATION GLEN BURNIE A.A. COUNTY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Arul And 1 YES 2 A 100. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Maxican, Puarto Ricen, stc.) 1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced ETED. 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Specify only high 18b. KIND OF BUSINESS/INDUSTRY Elementary/Secondery (0-12) Collega (1-4 or 5+) COMPL 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle Maiden Sumame) sou BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and N 0 20a. METHOD OF DISPOSITION
1 Burlel 2 Cremation 3 20b. PLACE AND DATE OF DISPOSITION (Nan 20c. LOCATION Cem eenmount 4 Donation 5 Other (Specify) SIGNATURE OF FUNERAL SERVICE LICENSEE 22 NAME AND ADDRESS OF FACILITY LerAI 23. PART I. Enter the dissesses, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory errest, Approximats Interval Between shock, or hasrt failure. List only one cause on each line. IMMEDIATE CAUSE (Finsi Onest and Dasth disease or condition resulting in dasth) DUE TO (OR AS A CONSEQUENCE OF): Courary CERTIFICATION Sequentially list conditions, if any, leading to immsdiste csuse. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF). CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initisted svents resulting in death) LAST PART II. Other significant conditions contributing to dasth but not resulting in the underlying cause given in Part i. MEDICAL 24e. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28c. INJURY AT WORK?
1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF 1 Natural BY 2 Accident 28e. PLACE OF INJURY - A1 home, ferm, stree1, factory, office 3 Sulcida 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To five best of my knowledge, desth occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner ea stated. BE 29d. DATE SIGNED (Month, Day, Year)

)8

32. REGISTRAR'S SIGNATURE Filia Davidson-Randelle

JAMES J. BENJAMIN, M.D./653 OLD MILL ROAD/MILLERSVILLE, MARYLAND 21108

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL

	1 - STATE REGISTRAR	ONLIE OF INVIT	CERTIF	ICATE OF	DEATH	REG. N	IO.		
	1. DECEDENT'S NAME (First, Middle, Last) GWENDOLYN		GRAVES			2. DATE OF DEATH MONTH	DAY	YEAR 3, TIME OF DI	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNOER 24 HRS.	7. DATE OF BIRTH	24 199	1 5:25 B. BIRTHPLACE (State of	
	215-54-2297	1 🗆 M 2 🗒 F	89 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Yeer) 2-19-		Country) Virgin	
Œ	90. FACILITY NAME (If not institution, give THE JOHNS HOL		TAT.		OR LOCATION OF C	DEATH	9c. COUNT	Y OF DEATH	La
5	RESIDENCE OF DECEDENT	THE HOULE	- 4444	Dittail	TORE OFF	*	Dittel	THORE	
DIRECTOR	Md Bal	timore		y, town or Local				10d. INSIDE C LIMITS? 1 YES 2	
FUNERAL	6719 Pine Av	e		10	2122	22	10g. CITIZE	USA.	
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR OF	ES 2 NO	If yes, ap	CENDENT OF HISPA secify Cuban, Mexic 2 NO Speci	NIC ORIGIN? (Specify en, Puerto Rican, etc.)	Yes or No— t	4. RACE — American In Bleck, White, etc. Specify: White	ndien,
ED	15. DECEDENT'S EDI (Specify only highest grad	UCATION	16e. DECEDENT'S	USUAL OCCUPATI	ON	16b. KIND OF E	BUSINESS/INDU:		
COMPLETED	Elementary/Secondery (0-12)	College (1-4 or 5+)		work done during me se retired.) USEWif		N/	΄Δ		
S	17. FATHER'S NAME (First, Middle, Last)		110	ascwii	1	AME (First, Middle, Meid	en Sumeme)		
BE C	Robert Will	iams				ginia S	,	0	
	19e. INFORMANT'S NAME (Type/Print)	200 557 4 1 1 10	19b. MAILING	ADDRESS (Street	and Number or Rurai	Route Number, City or To	own, State, Zip C	ode)	
2	Nolen P. Gra	ves Sr.	671	9 Pine		Balt. Md	21222		
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Ren	noval from State	20b. PLACE AND DATE COMPLETY CREMETORY OF ON THE PROPERTY OF T	ther place)				ty or Town, State	
	4 Donetion 5 Other (Specify)		HOLLY Hi	THE PARTY	orial	11-27			
	· Colt Co	. 6	/	7110	Soller	Meral Hos Pt. Ro	ome of	Dundalk t, Md 21	1222
	23. PART i. Entsr ths disesses, or shock, or heart failurs. IMMEDIATE CAUSE (Final disesse or condition resulting in death)	s. Hy	POJENS S A CONSEQUENCE OF	701	ds of dying, suc	ch as cardisc or ras	piratory srrss	intervsi	Bstwsen and Dsath
ALION	Sequentially list conditions, If sny, isading to immediate cause, Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF):								£
CERTIFICATION	CAUSE (Disesse or injury that initiated events resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE OF	F):					
DICAL C	PART II. Other significant condition	ns contributing to desti	but not resulting	In the underlyin	g cause given in	Part I. 24e. WAS A	AN AUTOPSY ORMED?	24b. WERE AUTOPSY AVAILABLE PRIC	
PHTSICIAN: MEDIC						t 🗆 YES	2 NO	COMPLETION OF DEATH?	
1	25. WAS CASE REFERRED TO MEDICAL			28. PI	ACE OF DEATH (C)	neck ank anal			
2	EXAMINER? 1 YES 2 NO	HOSPITAL:	utpatient 3 🗆 DOA	OTHER:		6 Other (Specify)			
	27. MANNER OF DEATH	26e. DATE OF INJUR	IY 28b. TIM	E OF 28c. INJ	URY AT	28d. DESCRIBE HOW	/ INJURY OCCU	RED	
	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Yee	r) INJ	M 1 🗆	YES 2 NO				
	3 Suicide 8 Could not be determined	28e. PLACE OF INJU building, etc. (S	IRY — At home, farm, a pecify)	street, factory, offic	•	281. LOCATION (Stree City or Town, State	t end Number or	Rural Route Number,	
COMPLE		SICIAN: To the best of my kn							e eteted
	29b. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NU				
	Awa	ton	all		1-87	66	▶ / L	SIGNED (Month, Day, Yea	/
2	30. NAME AND ADDRESS OF PERSON WE	10 COMPLETED CAUSE OF		Print)	SAIT	MD 21	1200	,	
	31. DATE FILED (Month, Day, Year)	32. REGISTRARIS SI		10,6	sect 1	-12 21	20)		
	NOV 2 6		a Davidson-A	indelle					

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-Thours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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ter death. Page 6 may be retained by the hos	the funeral director, page 5 should be detach oval.	al examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within urs after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completery. In by the funeral director, page 5 should be detach he filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation. I removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

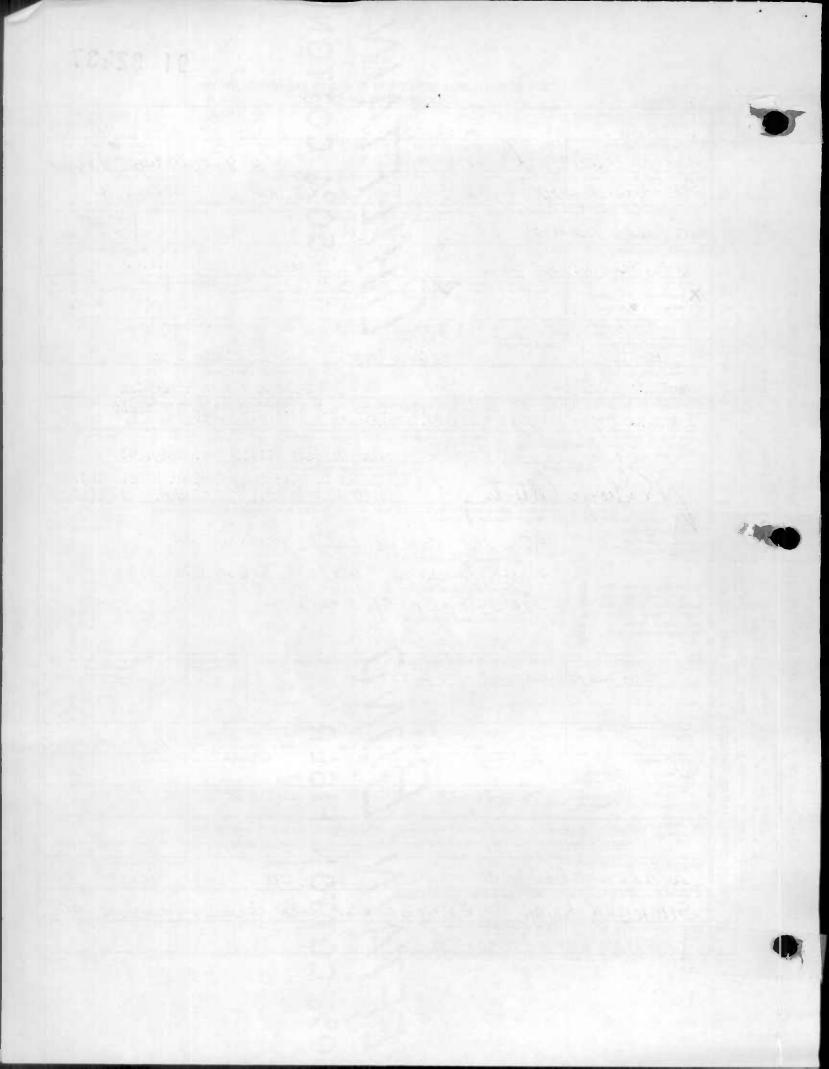
1. DECEDENT'S NAME (First, Middle, Last)			0.0		2, DATE OF DEATH		AR	A M
1 - 1 4 1 1 1 2	71	AILLES		IF UNDER 24 HRS.	7. DATE OF BIRTH	- 199	BIRTHPLACE (SI	eta ar Famiru
120 000 1 711		63 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)		Country) UEST V	1Egin
	et and number)	êr -	Syke	SUI'I/R	MO.	9c, COUNTY	OF DEATH	
10e. STATE 10b. COUNTY Malyland Col	rol(10c. CITY	TOWN OR LOCA	rion VI'llo			10d. INSI LIMI 1 Z YE	DE CITY TS? S 2 NO
10e. STREET AND NUMBER			10	I. ZIP CODE		10g. CITIZEN	OF WHAT COU	NTRY?
Springfield Hosp.	ital Cente	r		21784		U.S	5 . A .	
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Olvorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR OF	ES 2 10	If yea, sp		HC ORIGIN? (Specify Yearn, Puerto Ricen, etc.)	n or No— 14.	RACE — Ameri Black, White, e Specify: W	cen Indian, tc.
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XX · 12		Day Car	e Worke	· ·		d Care		
17. FATHER'S NAME (First, Middle, Last) Paul X. Gillespi					ME (First, Middle, Maiden		0.00	
					XXX Violet			
19a. INFORMANT'S NAME (Type/Print) Da 文法文文文艺文义文文文文文文文文文文文文文文文文文文文文文文文文文文文文文文	via Gilles	DE 190 WALTER	MERROW	ZUNE RUN	LVYYYVVVY	& X	27030	
		20b. PLACE OF DISPOS					or Town, State	
20a. METHOD OF DISPOSITION V 1 Burial 2 Cremation 3 Remo 4 Donation 5 Contact (Specify)	val from State	other place)			11/22 Mt	,		
21. SIGNATURE OF PUREMAL SERVICE LICE		skyxine me	22. NAME A	ND ADDRESS OF FA	CILITY			
1/1/4	MA 1				ENBURG FUN			INC.
1/ x Sporge	allenha	7			Rd., Balt			21214
21 I. Enter the disesses, or co			not enter the ma	ode of dying, suc	th aa cardiac or resp	Iratory arreat	Int	proximate ervsi Betw
IMMEDIATE CAUSE (Finsi	10-11	0	21:0	00	Dre Win	m7	Or	naet and De
disease or condition resulting in desth)	ASCU	D Cesn	rpae	elas (revious	"" !		
	HALPO	AS A CONSEQUENCE OF	F): '	1.000	Steno:	C . 'c		
Sequentially list conditions,		AS A CONSEQUENCE OF		cera	scenes.	269.		
If any, lesding to immediate cause. Enter UNDERLYING	AM121	1 RY (m	37 /	Lowla				
CAUSE (Disease or Injury	DUE TO (OR /	AS A CONSEQUENCE OF	F):					
thet initiated events resulting in death) LAST								
	contributing to deat	th but not resulting	In the underlyli	ng cauae given in	Part I. 24e. WAS AN PERFO	NAUTOPSY RMED?		LE PRIOR TO
PART II. Other algnificant conditions	Drease	, (OPD		1 TYES	2 🗌 NO	OF DEAT	TION OF CAU H?
PART II. Other algnificant condition.							1 TYE	S 2 NO
PART II. Other algorificant condition CA Left								
CA. left								1 Hans
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. F	PLACE OF DEATH (C	heck only one)	20 miles	112010	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	1 Inpatient 2 ER/		OTHER: 4 Numing Ho	me 5 🗆 Reeldence	S □ Other (Specify)	Spring		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH		IRY 28b. TIN	OTHER: 4 Nursing Ho IE OF 28c. (N JURY W	me 5 - Reeldence				
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	1 Inpetient 2 ER/ 28a, DATE OF INJU (Month, Day, Ye	PRY 28b. TIN	OTHER: 4 □ Nursing Ho IE OF 28c. IN W 1 □	me 5 Reeldence JURY AT ORK? YES 2 NO	S Other (Specify)	INJURY OCCU	ED	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide \$ Could not be	1 Inpetient 2 ER/ 28a, DATE OF INJU (Month, Day, Ye	RY 28b. TIN IN.	OTHER: 4 □ Nursing Ho IE OF 28c. IN W 1 □	me 5 Reeldence JURY AT ORK? YES 2 NO	S □ Other (Specify)	and Number or	ED	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined	1 Inpatient 2 ER/ 28s. DATE OF INJU (Month, Day, Ye) 28s. PLACE OF INJ	RY 28b. TIN IN.	OTHER: 4 □ Nursing Ho IE OF 28c. IN W 1 □	me 5 Reeldence JURY AT ORK? YES 2 NO	8 ☐ Other (Specify) 28d. DEŞCRIBE HOW 281. LOCATION (Street	and Number or	ED	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide s Could not be determined 29e. CERTIFIER (Check only)	1 Inpetient 2 I ER/ 28s. DATE OF INJU/(Month, Day, Ve 28s. PLACE OF INJubiliding, etc. (CIAN; To the best of my le	INY 29b. TIMES IN	OTHER: 4 Nursing Ho EE OF 28c. (N UNIV M 1 street, factory, off	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, Stete	and Number or	Rural Route Nun	nber,
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Inveatigation 3 Suicide 8 Could not be determined 29a. CERTIFIER 1 CERTIFYING PHYSIC	1 Inpetient 2 I ER/ 28s. DATE OF INJU/(Month, Day, Ve 28s. PLACE OF INJubiliding, etc. (CIAN; To the best of my le	INY 29b. TIMES IN	OTHER: 4 Nursing Ho EE OF 28c. (N UNIV M 1 street, factory, off	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, Stete	and Number or	Rural Route Nun	nber,
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 5 Could not be determined 29a. CERTIFIER Check only 1 CERTIFYING PHYSIK	1 Inpatient 2 ER/ 28e. DATE OF INJU (Month, Day, % 28e. PLACE OF IN, building, etc. (CIAN: To the best of my le	INY 29b. TIMES IN	OTHER: 4 Nursing Ho EE OF 28c. (N UNIV M 1 street, factory, off	JURY AT ORK? YES 2 NO	26d. DESCRIBE HOW 26d. DESCRIBE HOW 26f. LOCATION (Street City or Town, Stets to the cause(a) and mage time, date and place, a	and Number or	Rural Route Nun	nner se state

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MAU O R

DHMH-16 Rav 1/89

Hosp Conler. Sykesvill MD



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	DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	umatic event, the medical examiner must be notified at once.
8	DIVISION OF VITAL RECORDS, P.O. B	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificat	40 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

9	1	3	2	l,	3	8

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTM	MENT OF HEALTH AND	MENTAL HYGIENE 9	32438
	1. DECEDENT'S NAME (First, Middle, Last)	S HAMLIN	JR.	2. DATE OF DEATH DAY	3. TIME OF DEATH
	258-32-8274	1 M 2 F YAS.	FUNDER 1 YEAR IF UNDER 24 HRS. ONTHE DAYS HOURS MIN.	7. DATE OF BIRTN (Month, Clay, Year)	BIRTNPLACE (State or Foreign Country)
TOR	Baltimore Countries of the second of the sec	nty Gen Hasp, tief	Randallston		Y OF DEATN
DIRECTOR	10a. STATE 10b. COUNT	y 10c. GITY, T	OWN OR LOCATION		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	3010 Ess	ex Rd	101. ZIP CODE	7 log. CITIZE	N OF WHAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPA If yea, specify Cuban, Maxic 1 YES 2 NO Specific	an, Puarto Rican, atc.)	I. RACE — American Indian, Black, Whita, atc. Specify: Bkell
LETED	15. DECEDENT'S EDU (Specify only highest grade Elamentary/Secondary (0-12)		done during most of working ottred.)	16b. KIND OF BUSINESS/INDUS	
E COMPL	17. FATNER'S NAME (First, Middle, Lapt)	Master's Music 1	eacher 18. MOTNER'S N	AME (First, Middle, Malden Surname)	City
TO BE	19a. INFORMANT'S NAME (Type/Print) AV / V/CC	Haylin 3010	DRESS (Street and Number or Rural	Route Number, City or Town, State, Zip Co	ode)
	20a, METNOD OF DISPOSITION 1 Burlal 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	20b. PLACE AND DATE OF Conference of Confere	place) / Di La	DATE 20c. LOCATION - CH	y or Town, Stata
	21. SIGNATURE OF FUNERAL SERVICE LIKE **HARM MO	74 NAIS	22. NAME AND ADDRESS OF F. March F. H	West hoch	Ano
	23. PART I. Enter the diseases, or	complications that caused the death. Do not List only one cause on each line.	enter the mode of dying, su	ch as cerdiec or respiratory arres	t, Approximete intervei Between
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	DUE TO (OR AS A CONSEQUENCE OF):	Heast Fr	filure	Onset end Deeth
MOIT	Sequentielly list conditione, it eny, leading to immediate	bDUE TO (OR AS A CONSEQUENCE OF):			
CERTIFICATION	ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in deeth) LAST	C. DUE TO (OR AS A CONSEQUENCE OF):			
AL C	PART II. Other eignificent condition	is contributing to deeth but not reculting in t	he underlying ceuse given in	Pert i. 24s. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
MEDIC	<u>Chronic</u> <u>Uremia</u>	Renal Failure		PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (C	heck only one)	
YSIC	1 YES 2 NO		THER: Nursing Home 5 Residence		
	27. MANNER OF DEATN Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year) 28b. TIME O	F 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DEŞCRIBE NOW INJURY OCCUI	RED
TED BY	2 Accident Investigation 3 Suicide 8 Could not be detarmined	28a. PLACE OF INJURY — At home, farm, street building, etc. (Specify)		281. LOCATION (Street and Number or City or Town, State)	Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSI	ICIAN: To the best of my knowledge, death occurred as IR: On the basis of exemination and/or investigation, in	t the time, data and placa, and dur n my opinion, daath occurad at the	I to the cause(s) and manner as stated. If time, data and place, and due to the c	ause(s) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIED	Aorha, Mil	29c. LICENSE NU	MBER 29d. DATE S	IGNED (Month, Day, Year)
TO	BARBARA	SOCKA 540	"Old Court	Rd, Randa	Ustown HD
	31. DATE FILED (Month, Day, Year) NOV 26	32. REGISTAR'S SIGNATURE	2		

NOV 26 1991 Ca. King and Nov

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND / DEI	PARTMENT IFICATE							
	1. DECEDENT'S NAME (First, Middle, Last Robert L.			II IOATI	- 01	DEA		REG. NO 2. DATE OF DEATH MONTH D	AY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 571-09-5312	5. SEX 1 XM 2 F	6. AGE (In yrs. last birthe	MONTHE	1 YEAR DAYS	IF UNDE	R 24 HRS.	11-24-1 7. DATE OF BIRTH (Month, Day, Year) 11-21-1		8. BIRTHI Country Neb	5;25 N PLACE (State or Foreign Y) aska
TOR	98. FACILITY NAME (If not institution, give 1308 Kent Ave	street and number)				vil:	le	ATH		NTY OF DE	more
- DIRECTOR	Md. Balt	timore		atons							10d. INSIDE CITY LIMITS? 1 Tes 2 NO
FUNERAL	1308 Kent Ave		IT EVER IN U.S. ARMED	100	2	21P COD	8		USA		HAT COUNTRY?
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE V	X YES 2 NO	1	f yes, sp	ecify Cubi	en, Maxica Specify	IC ORIGIN? (Specify Yas n, Puarlo Rican, atc.)	or No—	14. RACE Black, Specify Whi	
COMPLETED	15. DECEDENT'S ED (Specify only highest grace Elamentary/Secondary (0-12) UNKY	(e completed)	(Give kind life, Do No	of work done of use retired.) Mech	during mo	st of worki	ing	18b. KIND OF BUS			
BE COM	17. FATHER'S NAME (First, Middle, Last) Lionel Frederi	ck Har	rison			18. MOT	HER'S NAI	ME (First, Middle, Malden line Pea	Surname)		ıson
101	Edwin Henry 20a. METHOD OF DISPOSITION		P.(). Bo	x 30	09 E		Cott Cit	у, М	d. 2	
	Surial 2 Cremation 3 Ref 4 Donation 5 Other (Specify)		20b. PLACE AND DA	or other place) SON F	ores	st C	ss of fac	shton Fu	wing enra	s Mi	ills, Md. ome, Inc., Md.21228
	23. PART I. Enter the diaeaeae, pr shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. acw	t caused the death. It is not be the cause of the cause o	o not enter	the mo	de of dy	Ing, such	as cardiac or respi	ratory arr	eat,	Approximate interval Betwaen Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a acu	(OR AS A CONSEQUENCE OF A CONSEQU	try	dy	fect	tim				4-5 days:
MEDICAL	PART II. Other aignificant condition	mais l	geath but not results ell Care's 1909 Mar	ng in the un	gr	198	g g	Part I. 24a. WAS AN PERFOR 1 YES 2	MED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN:	EXAMINER? 1 YES 2 ND 27. MANNER OF DEATH 1 Neturel 5 Pending Investigation 1 Investigation	HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month, O	INJURY 28b.	OTHER 4 Nurs TIME OF INJURY		JRY AT		Other (Specify) 28d. DESCRIBE HOW IN	JURY OCC	CURED	
ED	3 Suicide 8 Could not be datarminad	28e. PLACE O building,	FINJURY — At home, far etc. (Specify)	A straet, facto	ery, offica			28f. LOCATION (Street a City or Town, State)	pd Number	or Rural Ro	ute Number,
COMPLET	2 MEDICAL EXAMINI	ER: On the basis of a	my knowledge, dasth occ camination and/or investig	curred at the th	me, deta	and place,	, and dua t	to the cause(a) and man	ner as state	ed, s cause(s) :	and manner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE WOOD OF THE STATE O	gysse,	ME SE OF DEATH (ITEM 27)	Syne Print)		29c. LICE	595	BER 3	29d. DATE	1-2	Month, Oay, Year) 5-199/
	Elwood H. La. 31. DATE FILED (Month, Day, Year)	prosse	M.D. 48	01 Po	rse	1/6	all b	Da Ellia	H al	mz	2642
	NUV 2 6 1991	guna Da	udson-yanara	es es	ι						

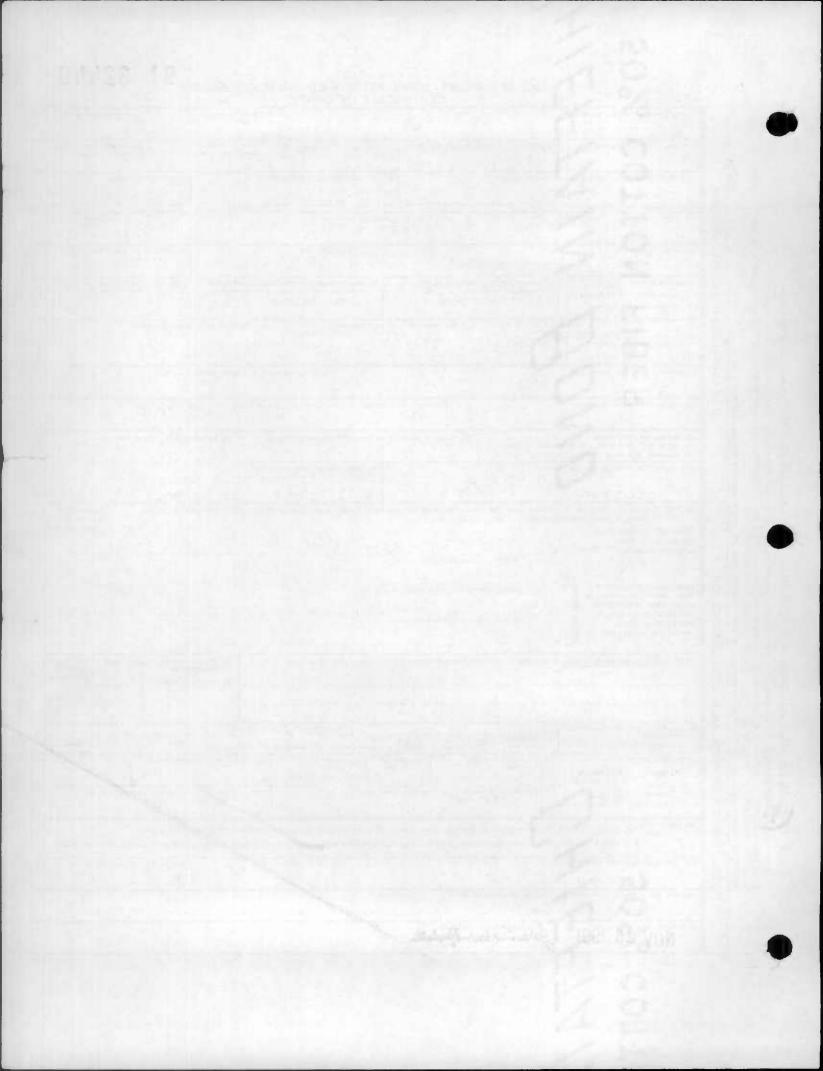
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A Comment of the second All manual S 75 Could begin tou the line A A March Africa III. 1421 = 12 = 12 Elected the his brease MD 4201 December 11 De Shight Stephen Seems

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THE HOSPITAL OF VITAL RECORDS, P.O. BOX 13146, THE HUSPITAL OF CITICAN. The law requires that the death centificate be executed within the function of the throughout that the think of the throughout the function of the fu
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4. SOCIAL SECURITY NUMBER		H	ack			MONTH 1 1 2	DAY	YEAR						
S. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. les		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIT	TH	8. BIRTH Countr	IPLACE (State or Foreign y)					
9a. FACILITY NAME (If not institution, give				96. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COU	NTY OF D	EATH					
Francis Scott	Key			Bal										
10a STATE 10b COUNT	Balto		Tur:	ners S	tation				10d. INSIDE CITY LIMITS? 1 YES 2 NO					
619 New Pi	ttsburgh	1		10	21222		JSA	VHAT COUNTRY?						
11. MARITAL STATUS 1 Naver Married 2 Married 3 Wildowed 4 Divorced		TEVER IN U.S. AR YES 2 4 WAR OR DATES		If yes, sp	ecity Cuben, Mexica 2 NO Specify	n, Puarlo Rican,								
15. DECEDENT'S ED (Specify only highest grad Elamentary/Secondary (0-12)		(G.	ive kind of wo Do NOT use	SUAL OCCUPATION And American Control of Cont	ast of working	of Business/ini		1.						
17. FATHER'S NAME (First, Middle, Last) William	Reynold	5		tt										
Montgomery H	ack	19	b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip of 619 New Pittsburgh Ave. Balt						code) to., Md.					
20e METHOD OF DISPOSITION 1 Disposition 3 Rei 4 Donation 5 Other (Specify)	moval Irom State	other pi	sce)	TION (Name of con		N — City or Town, Stata								
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY James A. Morton & Sons 1701 Laurens St. Balto., Md. 2 23. PART/. Enter the diseases, or compilications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, App														
DUE TO (OR AS A CONSEQUENCE OF): Sequentielly list conditions, If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):														
cause. Enter UNDERLYING CAUSE (Disease or Injury	c	(OR AS A CONSE	that initieted events resulting in death) LAST											
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	d													
cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events	d			the underlyin	g causa given in		WAS AN AUTOPSY PERFORMED? YES 2 X NO	24b	AVAILABLE PRIDE TO					
Cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL	d				g causa given in	_ 1 -	PERFORMED?	245	AMAILABLE PRIDE TO COMPLETION DF CAUS OF DEATH?					
cause. Enter UNDERLYING CAUSE (Disease or Injury that Initleted events resulting in death) LAST PART II. Other significent condition	d	deeth but not a	reaulting in	26. P OTHER:	20	1 [PERFORMED?	241	AMAILABLE PRIDE TO COMPLETION DF CAUS OF DEATH?					
Cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 Inpatient 2 28a. DATE Of (Month, L)	daeth but not a	reaulting in	26. P OTHER: 4 Nursing Hor OF 28c. IN.	LACE OF DEATH (Ch	eck only one) 8 Other (Spe	PERFORMED?		AMAILABLE PRIDE TO COMPLETION DF CAUS OF DEATH?					
Cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	HOSPITAL: 1 Inpatient 2 28e. DATE Of (Month, L	daeth but not a	DOA 26b. TIME INJU	26. POTHER: 4	LACE OF DEATH (Ch	eck only one) 8 Other (Spe 28d. DE\$CRIBI	PERFORMED? VES 2 NO City) E HOW INJURY OC I (Street and Number mr., State)	OCURED or or Rural	AMALABLE PRIDR TO COMPLETION DF CAUS OF DEATH? 1 YES 2 NO					
Cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not by	HOSPITAL: 1 Inpatient 2 28e. PLACE Coulding.	ER/Outpatient 3 INJURY OF INJURY — At ho stc. (Specify) I my knowledge, de	DOA 28b. TiME INJU AM The farm, st	26. POTHER: 4 Nursing Hor Nursing Hor Nursing Hor W 1 Treet, lectory, office	LACE OF DEATH (Ch	a to the cause(s)	PERFORMED? VES 2 NO City) E HOW INJURY OF (Street and Number in, State) U E LO P (and menner as attempts and menner attempts attempts and menner attempts attempts and menner attempts attempts attempts attempts attempts attempts attempts attempts	CCURED or or Rural ITS 13-1 inted.	AMALABLE PRIDR TO COMPLETION DF CAUSO OF DEATH? 1 YES 2 NO Route Number,					
CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only) 1 CERTIFYING PHY	HOSPITAL: 1 Inpatient 2 28a. DATE Of (Month, L) 28b. PLACE C building, SICIAN: To the best of A	ER/Outpatient 3 INJURY OF INJURY — At ho stc. (Specify) I my knowledge, de	DOA 28b. TiME INJU AM The farm, st	26. POTHER: 4 Nursing Hor Nursing Hor Nursing Hor W 1 Treet, lectory, office	LACE OF DEATH (Ch	a Describi	PERFORMED? VES 2 NO City) E HOW INJURY OC (Street and Numborn, State) U Sur P and menner se attolesce, and due to it	or or Rural ITS 13 ated.	COMPLETION DF CAUS OF DEATH? 1 YES 2 NO Route Number,					



13. WAS OECENOENT OF HISPANIC ORIGIN? (Specify Yee or No—if yee, specify Cuban, Mexican, Puarto Ricen, etc.)

1 YES 2 NO Specify:

1991

9c. COUNTY OF OEATH

3. TIME OF OEATH

10d. INSIDE CITY LIMITS? 1 TES 2 NO

14. RACE — American Indian, Black, White, etc.

or Foreign

6:16

8. BIRTHPLACE (State

10g. CITIZEN OF WHAT COUNTRY?

2. DATE OF OEATH MONTH 1 1 2 :

7. DATE OF BIRTH (Month, Day, Year

23

16b. KINO OF BUSINESS/INDUSTRY

1	45		REGISTRAR		C	ERTIF	ICATE OF	DEATH	
			1. OECEDENT'S NAME (First, Middle, Last)						2.
	7.		CHAVEZ DE	METRUIS	HARRIS				
			4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is	st birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	. 7.
	_ 1		218-72-6592	1 M 2 F	21	YRS.	MONTHS DAYS	HOURS MIN.	
	plnods		9e. FACILITY NAME (If not institution, give s	treet and number)	0 70		9b. CITY, TOWN	OR LOCATION OF	DEATH
	ന	S		er Stre					1-
-	2,	DIRECTOR	RESIDENCE OF DECEDENT		ers		Balti	more (
1	ages	핊	106. STATE	Υ		10c, CIT	Y, TOWN OR LOCA	TION	
Tion 1	permit. Pages: 1,		marylino			16	Allin	2000	
100		₹ X	10e. STREET AND NUMBER	1 +		1	10	I. ZIP COOE	
Ė	ansit	Ä	1804 HShE	Urlow	J 57			2/2	16
020 physician	burial-transit	FUNERAL	11. MARITAL STATUS		T EVER IN U.S. A			CENOENT OF HISP	
00 g	the bu	ВУ	1 Never Married 2 Merried 3 Widowed 4 Divorced		MAR OR DATES			S 2 NO Spec	
215-0	Ses	ED E		1					
	nse	ETE	15. OECEOENT'S EQUE (Specify only highest grade	completed)	(0	ECEOENT'S Sive kind of a a. Do NOT us	WORK done during mo	ON ost of working	2
	of for	P.E.	Elementary/Secondary (0-12)	College (1-4 or 5	+) /"	l so NOI US	se recired.)	. 0-1	
N Nos	detached once.	COMPL	17. FATHER'S NAME (First, Middle, Last)		- 4	110	1111/2/10	CA-ECV/	
MARYLAND retained by the hospit	at or		Chaile 7	Fan	2- V/.	. /	1	8. MOTHER'S H	NAME (
A pa	should stiffed s	BE	10g, INFORMANT'S NAME (NowPrint)	I-KIT	nulli	<u>Y</u>		611	20
; MAR	5 should notified	2	Thre man	. th-		6. MAILING	ADDRESS (Street)	Marion of Plan	If Proute
	age age	141.0	20s. METHOD OF DISPOSITION	4 18107	110 /	80	MISH	JUNION	2
ALTIMORE,	must		14 Burtel 2 Cremation 3 - Rym	oval from State	205,PLACE 9575/57 ZO	MADDATE	OF DISPOSITION / No they (such)	mod L	- 11
- IM	funeral director, xaminer must		4 Donation S D Other (Specify) 21. (UGNATURE OF PUNERAL SERVICE LIC	THE PERSON	VIICO	aru	5 Men	IAVK	1
ALT death. F	e funeral dir It. examiner		0 01	0			22 MAME AN	ADDRESS OF	ACILITY
BA er de	a): (1)		* YOSEPHO!	Russ	2/		3300	10.01	in
- CO	五年 3		22 PART I. Enter the diseases, or o	complications the	t caused the de	eath. Do r	ot enter the mo	de of dylng, su	uch as
	g o E		shock, or heart failure.	List Dniy one car	use on each iine	9.		0	
	2 8		disease or condition resulting in death)	50	rohat	- 11/	hinel	of R	ba
60°,	completely vial. crematic	-	resulting in death)	OUE TO	(OR AS A CONSE	OUENCE OF	F):		10
	burial.	z							
CORDS, P.O. BOX 68760,	SE	ERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(DR AS A CONSE	DUENCE OF	F):		
3O at per	the attending physician Mental Hygiene prior to ijury, or other traun	S	cause. Enter UNDERLYING	e					
O. E.	iene jene	E	CAUSE (Disease or injury that initiated eventa	OUE TO	(OR AS A CONSE	OUENCE OF	F):		
P. C	Hyg	E	reaulting in death) LAST	1,					
S, dear	y the attending od Mental Hygies injury, or oth	0	DART II Other significant and distant						
ORDS,	2 2 2	EDICAL	PART II. Other aignificant condition	a contributing to	death but not	resulting i	n the underlying	g cause given in	n Part
CO the state of th	8 = 6	ă							
ш	· T -	Σ							
law r	Dept.	ä							
T all	State D	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				ACE OF OEATH (C	heck of
Na Sian	the St	YSI	1 X YES 2 ND	1 Inpatient 2	ER/Outpetient 3	□ DOA	OTHER: 4 Nursing Hom	e 5 Realdenca	6 X
OF HYSI	this certificate has been with the State Dept. of rked, or item 23 sho	F	27. MANNER OF OEATH 1 Netural 5 Pending	28a. DATE OF (Month, D	INJURY Pay, Year)	28b. TIMI INJ	E OF 28c. INJ	URY AT	28d
Z 9		ВУ	1 Netural 5 Pending 2 Accident Investigation	11 2	3 1991		0 AM 1 1 1	YES 2 NO	S
O. C.	R. A	0	3 Suicide 8 Could not be	28e. PLACE O building,	F INJURY — At ho atc. (Specify)	me, farm, s	treet, factory, office	•	281.
DIVISION OF VITAL RE(DIRECTOR, After nours after death tem 28 is ma	ETE	3 Homicide determined		treet				Di
		PLI	29a. CERTIFIER 1 CERTIFYING PHYSIC			eth occurre	d at the time, date	end place, end du	
HDSPITAL	within 72 TANT: If	COMPL	One) 2 XMEDICAL EXAMINES						
HD	THE FUNER filed within PORTANT:		2011. STORT WIE AND TITLE OF CERTIFIER		A. /			29c. LICENSE NU	
出	APOR Bled	BE	1 (man-1	ocho	MA	/			
2	E 8 E	0	1 Carron	- 100	11/1/			O.C.M.	. E .

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NAV 0

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

MD

enter the mode of dying, such as cardiac or raspiratory arrest, Approximate interval Between **Onset and Death** the underlying cause given in Part I. 24e. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO YES 2 NO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO 26. PLACE OF OEATH (Check only one) □ Nursing Home 5 □ Realdenca 6 (*Other (Specify) On street 28c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED 1 YES 2 NO Subject shot 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) Division & Baker Streets st the time, date end place, end due to the cause(e) and menner as stated. In my opinion, death occured at the time, date and place, end due to the ceuse(a) and mennar as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 11 23 1991 O.C.M.E. 111 Penn Street, Baltimore Maryland 21201

2

OHMH-18 Rev 1/89

BALTIMORE, MARYLAND 21215-0020	is after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this centificate has been signed by Ne 28 of the state of the signed by Ne 28 of the state of the state begs to the state begin to the	s medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death Cartificate be executed within 2 s after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the afferding physician and completely filled in by the fune be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, of removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH CERTIFICATE OF DEA	
1. DECEDENT'S NAME (First, Middle, Lasy	,	2. DATE OF MONTH

	1 - STATE OF MARYLAND REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	/ DEPARTM CERTIFIC	ENT OF H	EALTH AND DEATH		REG. NO.	91	
		and			2. DATE OF MONTH	DEATH		3. TIME OF DEATH
R	4. SOCIAL SECURITY NUMBER 2 15 46 75 47 1 M 2 XF 9. FACILITY NAME (If not institution, give street and number)	YAS. MOI	UNDER 1 YEAR ITHS DAYS CITY, TOWN C	IF UNDER 24 HRS. HOURS MIN. DR LOCATION OF E		BIRTH lay, Year)	. ,	BIRTHPLACE (State or Foreign Country) MAY AND OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT 104. STATE 10b. COUNTY	10c. CITY, TO	OWN OR LOCAT	ION ON	e ci	79.1		10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	BA	11 m	. ZIP CODE			10g. CITIZEI	1 YES 2 NO
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES		If yes, sp	ENDENT OF HISPA ocity Cubarr, Maxic 2 NO Spec	an, Puerto Rice	Specify Year	Dr No- 14	. RACE — American Indian, Black, Whita, atc.
COMPLETED	(Specify only highest grade completed)	DECEDENT'S USL (Give kind of work life. Do NOT use rel	done during mo	DN st of working	16b. Ki	ND OF BUSI	NESS/INDUS	B/A-CL TRY
BE COM	17. FATHER'S NAME (First, Middle, Last) ARENCE HANON			18. MOTHER'S N	AME (First, Mide	dle, Majden S	in les	e)
TO 8	Mrs. MADEL GUNTER	196. MAILING ADI	ORESS (Street	Number or Rura	Route Number 57	SIN OF TOWN.	State, Zip Co	ml 21217
	1 Burlel 2 Cremation 3 Removal from State 4 Donetion 5 Other (Specify)	EAND DATE OF D	NAT	TANK	1/25	20c. L96	ATION - CIT	y or Jown, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	//		W. Mo			21:	216
	23. PART I. Enter the disasses, or complications that caused the shock, or heart failure. List only one cause on each il IMMEDIATE CAUSE (Final disesse or condition resulting in death) a	na.	enter the mo	de of dying, au	ch as cerdiae	or respire	atory arres	t, Approximata Interval Batween Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST	- sept	far	ancer				
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions contributing to death but not					a. WAS AN A PERFORM YES 2	IED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpetient 2 ER/Outpetient		HER:	ACE OF DEATH (C		(pec/fv)		
ВУ РНУ	27. MANNER OF DEATH 28. DATE OF INJURY (Month, Day, Year) 2 Accident Investigation	28b. TIME OF	28c. INJ WD				JURY OCCUP	RED
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At building, atc. (Specify)	homa, farm, atree	t, factory, office		28f. LOCATI City or 1	ON (Street an Town, State)	d Number or	Rural Route Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, one) 2 MEDICAL EXAMINER: On the basis of exemination and/or							
8	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU	MBER		29d. DATE S	IGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (I	TEM 27) (Type, Prin		TY HOS	PITAL	120	5. 6) K	CEENE ST.
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE NOV 2 6 1891	70	482				164	

OHMH-18 Rev 1/89

BALTIMORE, MARYLAND 21215-0020	G PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending abusician.	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HDSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept; of Health and Mental Hygiene prior to burial, cremation, or removal.	

	1 - STATE REGISTRAR 1. DECEOENT'S NAME (First, Middle, Last)		MARYLAND	ERTIF						REG. NO			
	1. DEGLOCITY 3 NAME (FIST, MIDDIO, LAST)		STEPHEN	HTIR	THICE	D .	TD		MONT		AY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGF (In 18.		IF UNDE	R 1 YEAR	IF UNDER	R 24 HRS.	7. OATE	OF BIRTH		8. BIRTH	PLACE (State or Foreign
	215-03-0338	1 M 2 D F		72 YRS.	MONTHS	DAYS	HOURS	MIN.	(Mon	1-23-1	918	Country	RYLAND
	9e. FACILITY NAME (If not institution, give	street and number)			9b. CIT	Y, TOWN	OR LOCATI	ON OF OR			9c. COUN		
DIRECTOR	MERCY HOSPITAL					BAI	TIMO	RE C	ITY				
EC	10e. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN	OR LOCA	TION						10d. INSIDE CITY
PIG	MARYLAND					BAI	TIMO	RF C	TTY				LIMITS?
AL	10a. STREET AND NUMBER					-	. ZIP COO		211		10g. CITIZ	EN OF W	/HAT COUNTRY?
FUNERAL	2907 E. JEFFERSON	STREET						21.20	15			и	S.A.
F	11. MARITAL STATUS 1 Never Married XXX Married	12. WAS DECEOEN FORCES? 1	T EVER IN U.S. A	ARMED	13.	WAS DEC	ENDENT O	OF HISPAN	IIC ORIGI	N? (Specify Yes	or No-		- American Indian, , White, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE V	WAR OR OATES				2 X X10			ricen, etc.;		Specifi	
0	15. OECEDENT'S EOL	CATION	180. (DECEDENT'S	USUAL C	CCUPATIO	ON		161	. KINO OF BUS	SINESS/INDI	ISTRY	WIIIL
Ë	(Specify only highest grade Elementary/Secondery (0-12)	College (1-4 or 5		(Give kind of ife. Do NOT u	work done	durina mo	st of worki	ng				,,,,,,,	
COMPLET	6TH GRADE	N/A			PORT	ER				ACME			
00	17. FATHER'S NAME (First, Middle, Last)		11-11-5				18. MOT	HER'S NA	ME (First,	Middle, Meiden	Surname)		
BE	ROY S. HILBINGER.	SR.								AN F.			
0	19a. INFORMANT'S NAME (Type/Print)									ber, City or Tow			
	ROY S. HILBINGER.	1111		2907				STR					RYLAND 2120
	1 V Burial 2 Cremation 3 Rem	noval from State		E AND OATE				11 0	DAT		CATION — C		
	21. SIGNATURE OF FUNERAL SERVICE LI		NEW	CATHE	1 22.	CEN NAME AL	ND ACORE	SS OF FA	CILITY				MARYLAND
	De Mari	01)	X		D	UDA-	RUCK	FUN	ERAL				LK INC.
-	23. PART i. Enter the diseases, or	م رح	~			7922	WIS	EAV	ENUE	DUN	IDALK	MD	21222
CERTIFICATION	shock, or near failure. iMMEDIATE CAUSE (Final diaesse or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avants resulting in death) LAST	a. DUE TO b. OUE TO c.	OR AS A CONS	EOUENCE O	F):	-							Intervel Batwean Onaat and Daath
AL C	PART ii. Other significant condition	ns contributing to	death but not	resulting	in the u	nderlying	g cauae g	given in	Part i.	24a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
2										PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME													1 YE\$ 2 NO
Ä.													
ICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF O	EATH (Che	ock only or	10)			
PHYSIC	1 YES 2 WHO 27. MANNER OF DEATH	1 % Inpetient 2			4 🗆 Nu	alng Hom	● 5 🗆 Re	aldenca					
	1 Natural 5 Pending	28a. DATE OF (Month, O		28b. TIM	URY M	28c. INJ WO	RK?	T NO	28d. OE	SCRIBE HOW II	NJURY OCC	JREO	
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE O	F INJURY At I	nome, ferm,	atreet, fec			, 110	28f. LOC	ATION (Street a	and Number	v Bural B	oute Number
TED	4 Homicide B Could not be determined	building,	etc. (Specify)						City	or Town, Stefe)	TO THE TOTAL OF THE	, 10.0111	oote remoon,
COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS 2 MEDICAL EXAMINE												end menner ae atated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	R	N. T.				29c. LICE	NSE NUM	IBER		29d. DATE	SIGNED	(Month, Day, Year)
0	30, NAME AND ADDRESS OF PERSON WH	SAL COMPLETE	(M)) il	122	/91
	King Carlade 14 43	MA A	SE OF GEATH (IT	EM 27) (Type,		100	201	< L	0	1 01		0.11	
	31. OATE FILEO (Month, Oay, Year)	32. REGISTRA	A'S SIGNATURE	ilhl	Un	per	70 \	21.	16	1 Pla	ماليات	1361	Throw .

LOUAD SCHOOL SCHOOL PARTY NAMED STATE A SOAL SCHOOL PARTY NAME	91-6923-510										9	1	36444
LOCATION SCORETY NUMBER 1. SEC 1. STANDAY 1. STANDAY OF DEATH SOUTH OF GRAIN SOUTH YOUR WAS A STANDAY OF THE	1 - STATE REGISTRAR	STATE OF N	MARYLAND C	/ DEPAI	RTMENT	OF I	DEA	AND	MENTAL				
4. SECUL SECURITY MARKET 1. SEX 2. T YES 2. SEX 1 SEX 2. T YES 2. T YES 2. SEX 2 SEX 3. SEX 2 SEX										DF DEATH		YEAR	3. TIME OF DEATH
15 74 3604 I I I I I I I I I I I I I I I I I I		5. SEX			IF UNDER	1 VFAR	IE LIMPEI	9 24 MDS	7 DATE		1		1 2 1 2
15.4 & N. F. LI F. D. A VENILE 15.4 B. SOUTH TOWN ON ILLOATION IN BAILTON. 15.4 RESIDE FORCE OF OLCED STY 15.4 M. SOUTH TOWN ON ILLOATION IN STATES AND NUMBER 11.29 N. CAIHOUN St. 15.4 NEW CONTROL STATES AND NUMBER 11.29 N. CAIHOUN St. 16.4 NEW CONTROL STATES AND NUMBER 17.5 NEW CONTROL STATES AND NUMBER 17.5 NEW CONTROL STATES AND NUMBER 18.4 NEW CONTROL STATES AND NUMBER AND NUMBER STATES AND NUMBER AND NUMBER STATES AND NUMBER	215 74 3604	1 🗆 M 2 🔀 F	-	,,,					(Month	Day, Year)		Country	y) _
No. STREET MON MADE No. COUNTY No. CHILD TOWN ON LOCATION STREET AND NUMBER 1129 N. C. CAIROUN St. 196. 270 CORE 127 MS 2 MOST 129 N. C. CAIROUN St. 196. 270 CORE 127 MS 2 MOST 129 N. MARKET STREET 129 N. C. CAIROUN St.	9e. FACILITY NAME (If not institution, give	street and number)			9b. CITY,	TOWN	OR LOCATI	ON OF DE		30701	9c. COL		
See STRE MO. 10. STREET AND NUMBER 1129 N. Calhoun St. 10. STREET AND NUMBER 1129 N. Calhoun St. 10. MAG DECEMENT STREET 11 Share Marked 2 Married 12 Married 12 Married 12 Married 12 Married 13 Married 12 Married 12 Married 12 Married 12 Married 13 Married 12 Married 1	1548 N. Fulton	Avenue		Baltimore									
11.29 N. Calhoun St. 12.217 15.227 15.2217 15.		Y											LIMITS?
Text Security Cases Asserting Constitution (Constitution of Publication Processing Constitution (Constitution of Publication (Constitution of Publication Constitution (Constitution of Publication Constitution (Constitution Constitution (Constitution Constitution (Constitution Constitution Constitution (Constitution Constitution Constitution Constitution (Constitution Constitution Constitution Constitution Constitution Constitution (Constitution Constitution Con		un St.				101							HAT COUNTRY?
Close for the physical price completions College (1-6 or 5-1) Southern Packing Co.	1 Never Merried 2 Married	FORCES? 1	YES 2		Il yee, specify Cuben, Mexicen, Puerio Ricen, atc.) Bleck, White,							, White, etc.	
TO THE STAME (First, Maddin, Last) LOUIS Medins 18. MOTHER'S NAME (First, Maddin, Last) Debra Jackson 18. MALING ADDRESS (State and Number or Name Plants Number (City or State). State, 250 Codd) 11.29 CALHOUN ST. BALTO. MD. 21.21.7 30. METRICO or Disposition Separation or Disposition Committee or Name Plants Number or Name Plants Number (City or State). State, 250 Codd) 11.29 CALHOUN ST. BALTO. MD. 21.21.7 30. METRICO or Disposition Separation or Disposition Committee or Name Plants Number or Number Ramewal from State Rating MEM PK 21. Suggeryster or Purishal Service Licensee A. Morton & Sons 17.01 Laurens St. Balto., Md. 21.21 32. PARKE II. Either the diseasees, or complications of the caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, interval Sent Ornest and Committee of Committee or Name and Committee or Name	(Specify only highest grade	completed)	1	(Give kind of ite. Do NOT u	work done duse retired.)	uring mo	st of worki						
Debra Jackson Debra Jackson Debra Jackson Debra Jackson Debra Johnson Debra Johnso	17. FATHER'S NAME (First, Middle, Last)			uc.						-			
Debra Johnson 1129 CALHOUN ST. BALTO., MD. 21217 20. PETROO of DISPOSITION ST. BRADOWN ST. BRA	Louis M	eans										on	
21. Size MANY REPORT PURE ALL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACULTY James A. Morton & Sons 1701 Laurens St. Balto., Md. 2121 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, interval Balt Onset allura. List only one cause on each line. IMMEDIATE CAUSE (Finel Misses or condition resulting in deeth) Narcotic Intoxication DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, and the second of dying and the second	Debra Johnson		j	L129	G ADDRESS CALI	(Street a	nd Numbel	or Rural F	ALTC	er, City or Tow	n, State, Zi	2121°	7
James A. Morton & Sons 1701 Laurens St. Balto., Md. 2121 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart failura. List only one cause on each line. IMMEDIATE CAUSE (Final Methods) IMMEDIATE CAUSE (Check Control on the service of the Country of the Coun	4 Donation 5 Other (Specify)					TION (Na	me of		DATE				
22. NAS CASE REFERENCE TO MEDICAL EXAMINER? 1 Nest Solve to the displacement of the solve of the course of the cou	James A. Morton & Sons 1701 Laurens St. Balto.,										Mc	3 21217	
PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I. 24a. WAS AN AUTOPSY PRID AMALABLE PRIOR TO COMPLETION BY FOUND FOUND FOR DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Netural Prior TO COPPLETION BY FAULT OF DEATH? 1 Netural Pending Investigation and Suicide	disease or condition resulting in desth) Narcotic Intoxication DUE TO (OR AS A CONSEDUENCE DF): Sequentially list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO		s contributing to	deeth but not	resulting	in the und	leriying) ceuse (given in	Pert I.	PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
1 Netural Second Process Second Proc	PVANIANCE OF DEATH (CHECK DRIV DRE)											1 123 2 110	
1 Natural 2 Accident 3 Sulcide 8 Could not be datermined 2 Doubling, etc. (Specify) Found: Basement 2 Subject used drugs 2 Subject used	1 🔀 YES 2 🗆 NO	t 🗆 Inpatient 2 🗆		3 🗆 DOA			5 × 80	aldance	8 🗆 Other	(Specify)			
29a. CERTIFIER Check only 2 XMEDICAL EXAMINER: On the basic of axamination and/or investigation, in my opinion, dash occurred at the time, data and placa, and due to the cause(e) and menner as attack. 29b. SIGNATURE AND TITLE OF CERTIFIED 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 2 AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 11 Penn Street. Baltimore Maryland 21201 31. DATE FILED (Month, Day, Year) 29a. CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and placa, and due to the cause(e) and menner as attack. O. C. M. E. 11 23 1991 31. DATE FILED (Month, Day, Year) 22. REGISTRAR'S SIGNATURE	1 Natural Pending	11-2.	3-91	12	05m	1 Y	RK? ES 2	Xio					gs
Chock only 1 Christying Physician: To the beet of my knowledge, death occurred at the time, deta and pieca, and due to the ceuse(a) end menner as atated. 2 MEDICAL EXAMINER: On the basel of examination and/or investigation, in my opinion, death occurred at the time, deta end pieca, and due to the cause(e) end menner as atated. 296. LICENSE NUMBER 296. LICENSE NUMBER 297. LICENSE NUMBER 298. LICENSE NUMBER 299. DATE SIGNED (Month, Day, Year) 11 2 3 1991 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE		bullding, (etc. (SDecity)		atreet, factor	ry, offica			281. LOCA 1 5 4	TION (Street a	rultc	or Rural Ro	enue,Balto
O.C.M.E. 11 23 1991 O.C.M.E. 11 23 1991 O.C.M.E. 128. DATE SIGNED (Month, Day, Year) 11 Penn Street. Baltimore Maryland 21201 32. REGISTRAR'S SIGNATURE	(Check only T CERTIFYING PHYSI	CIAN: To the best of R: On the basis of ax	my knowledge, d	inath occurr	ed at the tim on, in my op	ne, data Inion, di	and place	and dua	to the ceus	e(a) end men	ner ae ata d due to ti	ted. he cause(e)	end menner ee stated,
31. Date Filed (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 33. Date Filed (Month, Day, Year) 34. REGISTRAR'S SIGNATURE	// sun	when	D								29d. DAT		
31. DALE PILLU (MORRI, Day, Rear) 32. REGISTRAR'S SIGNATURE	J. Comprising	DOMESS OF PERSON WHO COMPLETED COUSE OF DEATH (ITEM 27) (Type, Print) 111 Penn Street, Baltimore Marylar								land			
NOV 26 1891 Julia Tairidan Barker	31. DATE FILED (Month, Day, Year) NOV 26 1891			d sa									

Historia III A. I. Standard B. William J. BUT SE VEH

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TO BE COMPLETED BY FUNERAL DIRECTOR

- STATE REGISTRAR	STATE OF MARTLA	CERTIFIC		F. DEATH	MENIAL HYGIEN REG. NO.	E	
1. DECEDENT'S NAME (First, Middle, Last)	J. K	OUGL			2. DATE OF DEATH	4-9	AR, 10:20 M
SOCIAL SECURITY NUMBER 16-18-7078 B. FACILITY NAME (If not institution, give s	1 🗆 M 2 🗡 F	07 YRS. MC	ONTHS DAY		June 27		BIRTHPLACE (State or Foreign Country) Maryland
T. JOSEPH	HOSPI	TAL		01050	N		timore
Maryland 106. COUNTY	Cecil		North				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
•. STREET AND NUMBER 166 Willard Driv	e			101. ZIP CODE 21901			of what country?
. MARITAL STATUS Never Married 2 Married Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	if yes.	DECENDENT OF HISPAI specify Cuban, Maxica YES 2 NO Specif		n or No— 14.	RACE — American Indian, Black, Whita, atc. Specify: White
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)	College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use r	k done during etired.)	ATION most of working	16b. KIND OF BU		RY
NA FATHER'S NAME (First, Middle, Last) John F. McSorley	NA I	Homemak	er		Own I ME (First, Middle, Malden Catherine V	Surname)	
a. INFORMANT'S NAME (Type/Print) Celeste Burgee (Dghtr)				Route Number, City or Tow		
3. PABY I. Enter the diseases, pr shock, or heert fellure.	complications that coused List only one couse on ea		333	l Brehms I	neral Homes Lane, Balti ch as cardiac or rasp	imore,	Md. 21213
MMEDIATE CAUSE (Final lisease pr condition esuiting in deeth)	METAS DUE TO (OR AS A	TATI	C	CAR	CINOM	A (OF Onset and Death
equentially list conditions, eny, leeding to immediate euse. Enter UNDERLYING AUSE (Disease or Injury hat initiated events esuiting in death) LAST	c	CONSEQUENCE OF):	CE	CON.			
ART II. Other significent condition	ns contributing to deeth b	ut not resulting in	the underl	ying ceuse given in	Part I, 24a. WAS AP PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
S. WAS CASE REFERRED TO MEDICAL			20	S. PLACE OF DEATH (C	heck only one)		
EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outp		OTHER:	Homa 5 Realdence	6 Other (Specify)		
7. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	28b, TIME INJUS	M 1	INJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUP	ED
3 Suicide 6 Could not be 4 Homicide detarmined	26e. PLACE OF INJURY building, atc. (Spec	— At home, farm, atr	eet, factory,	offica	28f. LOCATION (Street City or Town, State	and Number or)	Rural Route Number,
one)	ER: On the basia of examination						ause(a) and manner as stated.
9b. SIGNATURE AND TITLE OF CERTIFIE	me			D 24	886	29d. DATE S	IGNED (Month, Day, Year)
O. NAME AND ADDRESS OF PERSON WI	M.D ST	JOSE	PH	HOSP	ITAL -	TOWS	ION, MD 212

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within second death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Merial Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

NEST 9 & ABN

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Memai Hygiene prior to burial, cremation, or removal.	
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF DEATH 1 MONTH EARL C. KRAISSER 9:00 AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 218-26-6310 XX M 2 F MONTHS DAYS HOURS 08-12-30 61 YRS. MARYLAND 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 4406 CROSS COUNTRY DRIVE DIRECTOR ELLICOTT CITY HOWARD RESIDENCE OF DECEDENT 18b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND HOWARD ELLICOTT CITY 1 YES 24 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4406 CROSS COUNTRY DRIVE 21042 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yea, specify Cuban, Maxican, Puerto Rican, etc.)
1 YES 2 XXIO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 XX larried IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced Specify WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complet 18a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY ost of working (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 12th **PROGRAMMER** SOCIAL SECURITY ADMINISTRATION 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) LOUIS KRAISSER ELIZABETH BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 LOLA M. KRAISSER (WIFE) 4406 CROSS COUNTRY DRIVE ELLICOTT CITY, MD 21042 20a_METHOD OF OISPOSITION
1 \(\text{\begin{align*} 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE CREST LAWN CEMETERY 4 Donation 5 Other (Specify) 11/27/91 MARRIOTTSVILLE, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE LEROY M & RUSSELL C WITZKE FUNERAL HOME 5555 TWIN KNOLLS ROAD COLUMBIA, MD 21045 23. PART I. Inter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line. Approximata Intervel Between IMMEDIATE CAUSE (Final Onset and Death disease or condition Rupiratory resulting in dasth) DUE TO (OR AS A CONSEQUENCE OF): brain Kaliznant CERTIFICATION Sequentially list conditions, if any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events reaulting in death) LAST PART II. Other algolificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIDR TO Ancrexia cachexia 1 TYES 2 NO COMPLETION OF CAUSE DF DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only ons) EXAMINER? HOSPITAL OTHER: ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation M BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — building, atc. (Specify, 3 Suicide At home, ferm, street, factory, office 8 Could not be 281. LOCATION (Street and Number or Rural Route Number, Gity' or Town, State) COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dash occurred at the time, data and place, and due to the cause(s) and mannar as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Mun NO hon 0 36573 11-25-91 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Suite 424 2000 Century Plaza (blum bia MO 27044



31. DATE FILED (Month, Day, Year)

NOV 26

32. REGISTRAR'S SIGNATURE

Julia Davidson-1

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1	1	
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1 - STATE REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	10 -11				2. DATE OF DEATH	AY _YEAR	3. TIME OF DEATH
Katie	KINNEY				11 2	1 91	112 PM
4. SOCIAL SECURITY NUMBER	3/		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT Coun	HPLACE (State or Foreign
075227885	1 M 2 F	86 YRS.	MONTHS DATS	HOURS MIN.		1	eorgia
9e. FACILITY NAME (If not institution, give st				OR LOCATION OF D	EATH	9c. COUNTY OF	DEATH
GSH (Good Sa	maritan E	Hospital)	BAL	TIMORE	MD		
GSH (Good Sa RESIDENCE OF DECEDENT 100. STATE 100. COUNTY		10c. CITY,	TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?
		E	Baltimo				TYPES 2 NO
10e. STREET AND NUMBER			10	t. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
4220 Loch Raver				21218		US	
10e. STREET AND NUMBER 4220 Loch Raver. 11. MARITAL STATUS 1 Never Merried 2 Merried 3 X Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YE IF YES, GIVE WAR OF	ES 2 X NO	If yes, as		NIC ORIGIN? (Specify Yea on, Puarto Ricen, atc.) y:	or No 14. RAC Black Spe	
	CATION	16e, DECEDENT'S U	ISHAL OCCUPATI	ON	16h KIND OF BUI	SINESS/INDUSTRY	Black
(Specify only highest grade	completed)	(Give kind of wo	ork done during m	ost of working	TOD. KIND OF BO	3ME33/MD031A1	
Elementery/Secondary (0-12)	College (1-4 or 5+)	0	and T.T.		TTC	TaT T	0001 #25
Grade School		Gari	ent We	· · · · · · · · · · · · · · · · · · ·	. Д. Б. С.		ocal #35
					trice Me		
George Lee		105 MARING	Annoese /Street		Route Number, City or Tow		
	m G						WD 21210
Joseph M. Jenki		20b. PLACE OF DISPOSI			e. Balti	LMOTE,	
1 X Burlel 2 Cremetion 3 Remo	oval from State	other place)					
4 Oonetion 5 Other (Specify)	EMPEE	Louden	Park C	emetery	Ba	ltimore	Marylan Homes In
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1.1-	1				
July H eller	1. g. m	retter	Bal	imore,	s Falls Maryland	Parkya	ξ Y
Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	use. Enter UNDERLYING USE (Disease or injury at initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):						
	s contributing to deat	h but not resulting in	n the undarlyin	ng ceusa givan ir	Part i. 24e. WAS AN		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
PART II. Other eignificant condition					1 YES :	2 NO	CDMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	,		LACE OF DEATH (C	heck only one)		
1 ☐ YES 2 ☑ NO	1 Inpatient 2 ER/C	Outpetient 3 DOA	OTHER: 4 Nursing Ho	me 5 🗆 Residence	8 Other (Specify)		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	(Month, Day, Yea	RY 28b. TIME 1NJU	JRY W	JURY AT ORK? YES 2 NO	26d. DESCRIBE HOW	INJURY OCCURED	
2 Sulpido	26e. PLACE OF INJ building, etc. (URY — At home, farm, at Specify)	treet, tectory, offi	CO	28t. LOCATION (Street City or Town, State		Route Number,
(Orloan orm)	CIAN: To the best of my ki						(e) and menner ee stated.
290. SIGNATURE AND TITLE OF CERTIFIES	dile	mo		DR2	H9	≥ ///	22/9/.
30. NAME AND ADDRESS OF PERSON WH	P B	She of	full X	lamar	itan f	loss.	
altological grant profits	LA DEGUNANA	queligitate.			Bac	1. In	d 7/25

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ges 1, 2, 3 should

	DIVISION OF VITAL RECORDS, P	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attent be filed within 72 hours after death with the State Dept. of Health and Mental H
-	ott	TOT	TOT De fil
	-		

	FOR 1 - STATE REGISTRAR		MARYLAND / DEPA CERTII	ARTMENT OF I		MENTAL HYGIEI		1 32440
	1. DECEDENT'S NAME (First, Middle, Last)	JOSE	PH FRANCIS			2. DATE OF DEATH		YEAR (820 M
	4. SOCIAL SECURITY NUMBER 216-09-1288	1 M 2 □ F	6. AGE (In yrs. last birthday, 71 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH 5 (Month, Day Vee) 5-25-192(BIRTHPLACE (State or Foreign Country) MARY LAND
TOR	98. FACILITY NAME (If not institution, give s FRANCIS SCOTT K		L CENTER		OR LOCATION OF I		9c. COUNTY	Y OF DEATH
DIRECTOR	MARYLAND BA	ALTIMORE	10c. CI	ITY, TOWN OR LOCA	DUNDAL	LK		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	25 MAVISTA AVEN				21 2 2 2			U.S.A.
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	T, EYER IN U.S. ARMED Yes 2 NO MAR OR DATES	13. WAS DEC	DENDENT OF HISP/ Hecity Cuben, Mexic 2 2 NO Spec	ANIC ORIGIN? (Specify Yecen, Puerto Rican, etc.)	a or No — 14	I. RACE — American Indien, Black, Whita, etc. Specity: WHITE
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12) 11TH GRADE	College (1-4 or 5+)	(Give kind of life, Do NOT ('S USUAL OCCUPATION If work done during mouse retired.) BLENDER	ON ost of working	16b. KIND OF BU	SEAGR	
ш	17. FATHER'S NAME (First, Middle, Last) FRANK KOWALSKI	14/70	~	LLIVER	16. MOTHER'S N	IAME (First, Middle, Maider, SZCZESZEK		AIVIS
TO B	190. INFORMANT'S NAME (Type/Print) DORTS V. KOWALS	SKI		IG ADDRESS (Street & AVISTA AV	and Number or Rural	ALTIMORE,		
	20e. METHOD OF DISPOSITION 1		20b. PLACE AND DATE	ERVICE CO	DRP 11.	-23-91 BA	ALTIMO	y or Town, State RE, MARYLAND
	" A seeper &	E. Kase	2	7922	WISE AV		ALK MD	21222
	23. PART i. Enter the diseases or ahock, by heart failure. iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. My	caused the death. Do see on each line. UCARD ARE	Inhan	fur		iratory errast	t, Approximate Interval Batwaan Onset and Death
RTIFICATION	that initiated aventa	b. Chror	OR AS A CONSEQUENCE C	or):	Pulmo	rang Dispa	L	12 years
L CERT	PART II. Other algorificant condition	d	death but not resulting	In the condensation				
IN: MEDICAL	_N/A-		lagui not not idenitina	in the underlying) cause given in	Pert I. 24e. WAS AN PERFOI	PMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3 🗆 DOA	OTHER:	ACE OF DEATH (C)	8 Other (Specify)		
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF II (Month, Day	INJURY 28b. TIM	ME OF 28c. INJURY WO		28d. DESCRIBE HOW I	NJURY OCCUR	ED
ETED	3 Suicide 8 Could not be 4 Homicide detarmined	28s. PLACE DF building, e	INJURY — At home, ferm, tc. (Specify)	street, fectory, office		281. LOCATION (Street City or Town, State)	and Number or I	Rural Route Number,
COMPL	2 MEDICAL EXAMINE	R: On the basis of exa	ny knowledge, death occurr amination end/or investigation	red at the time, data on, in my opinion, di	end place, and dus	n to the ceuse(e) end mai	nner as stated.	euse(e) and menner as stated.
TO BE	291. BIGHAYLINE AND TITLE OF CENTIFIER	Coxen		PLO	29c. LICENSE NU	MBER 72/12	29d. DATE SI	IGNED (Month, Dey, Year)
4	31. DATE FILED (Month, Day, Year)	AnrA	JOHNS	HORGAN	Hose	ritar 600	N abif	est Tape 110
	NOV 2.5 1001	32. REGISTRAR	S SIGNATURE					

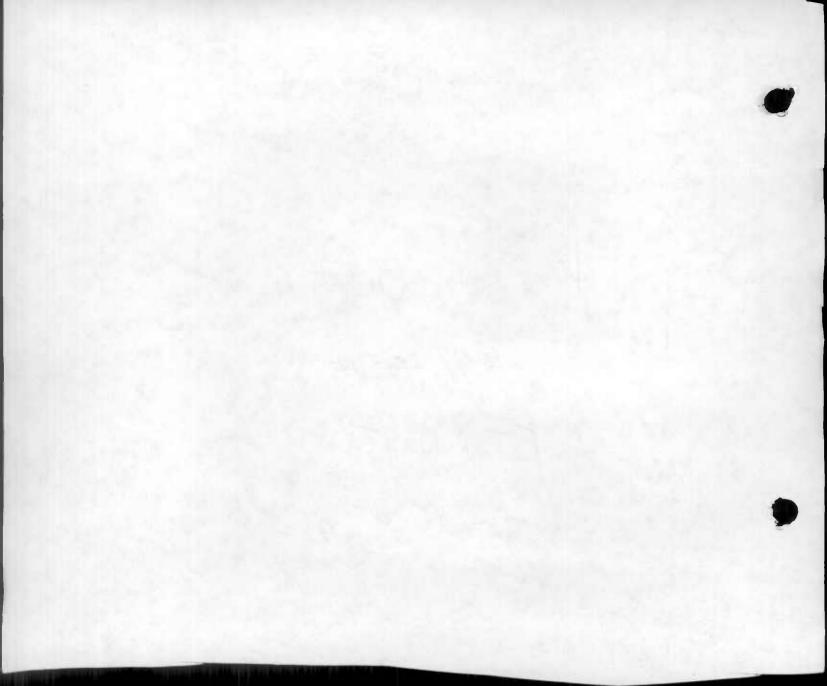
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



	1 - STATE REGISTRAR	STATE OF MARY			HEALTH AND	MENTAL	HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, L. Janie E. Low			out)		2. DATE O		S'EAR	3. TIME OF DEATH 3-15 AM
	4. SOCIAL SECURITY NUMBER 217-22-1501 90. FACILITY NAME (If not institution, g	1 M 2 XF	84 YRS.	MONTHS DAY		Oet.	8, 1907	Maj	ryland
TOR	St. Agnes Hosp	ital		Balt		DEATH	9c. C	OUNTY OF	DEATH
DIRECTOR	10e. STATE 10b. CO	UNTY		ry, town or lo					10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 1513 Ramsey St	•			10f. ZIP CODE 2122	9	t0g. C	US.	WHAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Naver Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yea,	DECENDENT OF HISP specify Cuban, Mexi (ES 2 NO Specific	ANIC ORIGIN?	(Specify Yaa or No- can, etc.)	- 14. RAC	CE — American Indian, ck, Whita, etc.
COMPLETED	15. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12)	EDUCATION prade completed) College (1-4 or 5+)	tea. DECEDENT'S (Give kind of life. Do NOT u	work done during ise retired.)	NTION most of working	16b. I	Own Hom		Wash VV
	17. FATHER'S NAME (First, Middle, Last, William Washin						ddle, Malden Surname)	
TO BE	19a. INFORMANT'S NAME (Type/Print)				et and Number or Rure	al Route Numbe	r, City or Town, State,	Zip Code)	
	Janet L. Benav 20a. METHOD OF DISPOSITION 1 Surial 2 Cremetton 3 1 4 Donation 5 Other (Specify)	Removal from State	10b. PLACE AND DATE cometery, crematory or control Pa	of disposition other place)	Name of	11/2	20c. LOCATION	— City or To	
	21. BIGHATURE OF EMERIAL SERVICE	L. Lan	forcers	Gary	AND ADDRESS OF L. Kauf Main St	man Fu			21227
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Cowho pe DUE TO (OR AS DUE TO (OR AS	eech line.	ere					Approximate interval Between Onset and Desth
SA	PART II. Other significant condi	tions contributing to death	but not resulting	in the underly	ing csuse given i		24a. WAS AN AUTOPS PERFORMED?	Y 248	D. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER: 4 Nursing H	PLACE OF DEATH (Come 5 - Residence	8 Other (Specify)		
ВУ РР	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation) IN.	M 1	NJURY AT WORK? YES 2 NO	28d. DESC	RIBE HOW INJURY O	CCURED	
	3 Suicida 6 Could not 4 Homicide datermine		RY — At homa, farm, secify)	atreet, factory, or	fice	28f. LOCAT City or	ION (Street and Numb Town, State)	er or Rural i	Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAM	HYSICIAN: To the best of my known with the basis of examinat	owledge, death occurr ion and/or investigation	ed at the time, d	ata and place, and do	un 10 the cause	e(a) and manner as s	teled.	s) and mannar as stated.
TO BE		GRIPPO			29c. LICENSE NU	UMBER	29d. Di		(Month, Day, Year)
		00 CATON &	tre s.	AH. (BALTIMOR	E MI	D 212	553	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	- Mandale						
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William Wilman Mornon, men		Holen Virgicia	Danggotti a
James b. memovides	LEOS II. Her	.fel , .ll nomebu	2, arlington, va. 222
The state of the s	Jondon Park Cal	distriction 17/26	reltimore, Mt.
Slowy on how		te I. Patran Puro 195 mar su, land	

Voio Death #9/-32450 Fetal Death Samuel M. Lewis 11-17-91 Balts Co. 11-17-91





	(
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	-
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director name 5 should be detached for use as the burish transfer and a second of the purishment	7
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	2
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFIC	CATE OF DEATH	REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last). HARVEY - M. LEA			2. DATE OF OEATH DO NONTH DO NOTH	AY YEAR 4 91	3. TIME OF DEATH			
	239-03-369 12M2 OF 80	YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. HONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)					
TOR	9a. FACILITY NAME (If not institution, give street and number) SIMAL HODIZI OF BUHMERE RESIDENCE OF DECEDENT		Baltimere	ATH	9c. COUNTY OF OF	EATH			
DIRECTOR	Mayland 106. COUNTY	10c. CITY,	Baltimore			10d. INSIDE CITY LIMITS2			
FUNERAL	3934 Wheld Avenue		10f. ZIP CODE 21215		10g. CITIZEN OF W	S.A.			
B≺	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO	13. WAS DECENDENT OF HISPAN If yea, specify Cuban, Mexica 1 YES 2 A NO Specify	n, Puerto Rican, atc.)	or No — 14. RACE Black, Specify	- American Indian, Whita, atc.			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	Give kind of wor life. Do NDT use	SUAL OCCUPATION rk done during most of working retired.)	16b. KIND OF BUS	SINESS/INDUSTRY				
MP		Const	uction Worker	Indu	ustrial				
	17. FATHER'S NAME (First, Middle, Last)			ME (First, Middle, Maiden	Sumame)				
BE	Lincoln Lea 19a. INFORMANT'S NAME (Type/Print)	I	Annie						
5	Harvey L. Lea	3934	Dolfield Ave.,	Baltimore		nd 21215			
	4 Donation 5 Other (Specify) Marv	cremetory or othe	<u>tional Mem. Pk.</u>	11/29 La	cation - city or tow	rn, Stata			
	21. BIGHADURE OF TOWN		William C. B	rown Commu	nity Fund	eral Home			
	23. PART 1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, euch as cerdiec or respiratory errest, abock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final diseases or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST	MEDUENCE OF):	GEOVENCE OF):						
	PART II. Other eignificent conditions contributing to death but n	na seculative to							
EDICAL		bt resulting in	the underlying cause given in i	24a. WAS AN. PERFOR 1 YES 2	AS AN AUTOPSY REFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
PHYSICIAN: MI	25. WAS CASE REFERRED TO MEDICAL			Family	declinal	1 TYES 2 NO			
SICI	EXAMINER? 1 YES 2 NO 1 Propular 2 ER/Outpatian		26. PLACE OF DEATH (Che						
ву РНҮ	27. MANNER OF DEATH 27. MANNER OF DEATH 1	28b. TIME C	Nursing Homa 5 Realdence (OF 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW IN	JURY OCCURED				
	3 Suicida 8 Could not be detarmined 288. PLACE OF INJURY — A building, atc. (Specify)	t homa, farm, atre	et, factory, office	28f. LOCATION (Street a. City or Town, State)	nd Number or Rural Ro	ute Number,			
COMPLETED	29e. CERTIFIER (Check only one) 1 DERTIFYING PHYSICIAN: To the best of my knowledge one) 2 MEDICAL EXAMINER: On the basis of examination and	, death occurred a	It the time, data and place, and due to	o the cause(a) and man	ner sa stated.				
BE	29b. SIGNATURE AND THE DF CERTIFIER MOUL	D	29c. LICENSE NUM		29d. DATE SIGNED (
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (There I. & Clark 9.0 Mg		aport of balinmere	Beihning, t	10 21210	1 /			
	NOV B By 1991				0.13				

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a neural after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dapp. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle Last) 2. DATE OF DEATH 3. TIME OF DEATH												
	GERALDINE		(NMN)		LASTNE	R					DAY	1991	0825 AM
	4. SOCIAL SECURITY NUMB	ER	5. SEX		yrs. last birthday	_	ER 1 YEAR	IF UNDE	R 24 MRS.	7. DATI OF BIRTH		6. BIRTI	IPLACE (State or Foreign
	216-36-6925		1 - M 2 X F	51	TRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 11 24	1939	Count	RYLAND
	9e. FACILITY NAME (If not ins	stitution, give s	street end number)			9b. CIT	Y, TOWN	OR LOCATI	DN OF DE			UNTY OF E	
OR	UNIVERSITY (OF MAR	RYLAND			B/	ALTI	MORE			N/A	٨	
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY 10c. CV										1 11/2	n	
E I	10c. C						OR LOCA	TION					tod. INSIDE CITY LIMITS?
	MARYLAND ANNE ARUNDEL GI						URNII						1 TES 2 NO
FUNERAL					1. ZIP COD			1		WHAT COUNTRY?			
N N	9 ROOSEVELT AVE. 11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. ARMED							21061			J	J.S.A	
	1 Never Married 2 🔀 I		FORCES? 1	YES	2 X NO	13.	If yee, sp	ecify Cube	n, Mexice	IIC ORIGIN? (Specify) n, Puerto Rican, etc.)	ee or No	14. RACI Blac	E — American Indian, k, White, etc.
ВУ	3 Widowed 4 Divon	ced	IF TES, GIVE V	MAH OH DATE	:5		t [] YES	2 X ND	Specify	/:		Spec	WHITE
COMPLETED	15. DECE (Specify only	DENT'S EDU	CATION (Completed)	10	Be. DECEDENT'S	S USUAL C	OCCUPATION	ON		t6b. KIND OF B	USINESS/IN	DUSTRY	WILLE
9	Elementary/Secondary (0-		College (1-4 or 5	+)	life. Do NOT	use retired.)) auring mo	ost of workii	ng				
MP	8		NONE]	HOMEMAI	KER				OWN HO	ME		
8	17. FATHER'S NAME (First, Mic	ddle, Last)						ts. MOT	HER'S NA	ME (First, Middle, Maide			
BE	JOSEPH		LUCAS					DOR	OTHY		ВС	OWAN	
0	19 . INFORMANT'S NAME (Ty)									Route Number, City or To			
	EDWARD C. LA		, SR.						GLE	N BURNIE,			
	20e. METHOD OF DISPOSITION 1 XBurlel 2 Crametion	ON 3 🗆 Rem	oval from State	20b. PL cemete	ACE AND DATE	OF DISPO	SITION (No	ime of		DATE 20c. L	OCATION -	- City or To	wn, State
	20. FLOCATION - City or Town, State Commetter Com												
	90	U	12/	/		22.	. NAME AF	YU ADDRE	SS OF FAC	ERAL HOME			
	12.9	Eng	c Phys	kun	2/	1	SEC	COND	AVE	S W CIE	M RIIE	NTE	MD 21061
CERTIFICATION	23. PART I. Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory errest, interval Between Onset and Death Approximate interval Between Onset and Death Onset and Death Sequentially list conditions, if any, isading to immediate Due to (or as a consequence of):												
CA	CAUSE (Disease or Injury		c bov	vel	tschen	chstruction							
H	couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST C. Due TO (OR AS A CONSEQUENCE OF): d. Lulapsed acute unyelogums (eulema												
H	and the second cree	-	d. Mil	yr sea	aci	ile v	my.	log	aur	is live	mo		
110	PART ii. Other algnifican	t condition	s contributing to										WERE AUTOPSY FINDINGS
4: MEDICAL			lons contributing to death but not reaulting in the underlying causa give							1 TYES	PMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
NA I	25. WAS CASE REFERRED TO	MEDICAL					26. PL	ACE OF DI	EATH (Che	ck only one)			
SIC	t YES 2 NO		HOSPITAL:	ER/Outpatie	nt 3 🗆 DOA	OTHE!	R:			8 Other (Specify)			
BY PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Per 2 Accident In	ending vestigation	26e. DATE OF (Month, De	INJURY	26b. TIN		26c. INJ WO			26d. DESCRIBE HOW	INJURY OC	CURED	
8	3 Suicide 6 C	ould not be stermined	28e. PLACE Of building,	F INJURY — etc. (Specify)	At home, ferm,	street, feci	tory, office			26f. LOCATION (Street City or Town, State	and Number	r or Rural R	oute Number,
COMPLET	29e. CERTIFIER (Check only one) 2 MEDICA	YING PHYSIC	CIAN: To the best of ex	my knowladg	e, death occurr	ed at the t	time, date	end place,	end due t	to the ceuse(e) end me	nner ee ate	ted. he ceuse(e)	end menner ee ateted.
TO BE	29b. SIGNATURE AND TITLE O	Mull	Dodgell	10				29c. LICE	NSE NUM	BER	29d. DAT	E SIGNED	(Month, Day, Year) 2/9/
	30. NAME AND ADDRESS OF F	Mi	DOPHE	MD	UNIL	Print)	114/	tosper	THE	225. GRE	ZOVE	ST	2/20/
	NOV 26	1991	32 AEGISTAM	Was Signatu	Mandalle.								

Mov 28 1991 A representative Legister

FOR STATE REGISTRAR		/ DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH		HYGIENE REG. NO.
1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF MONTH	DEATH
CHARLES	MILTON	LINTHICUM	11	23

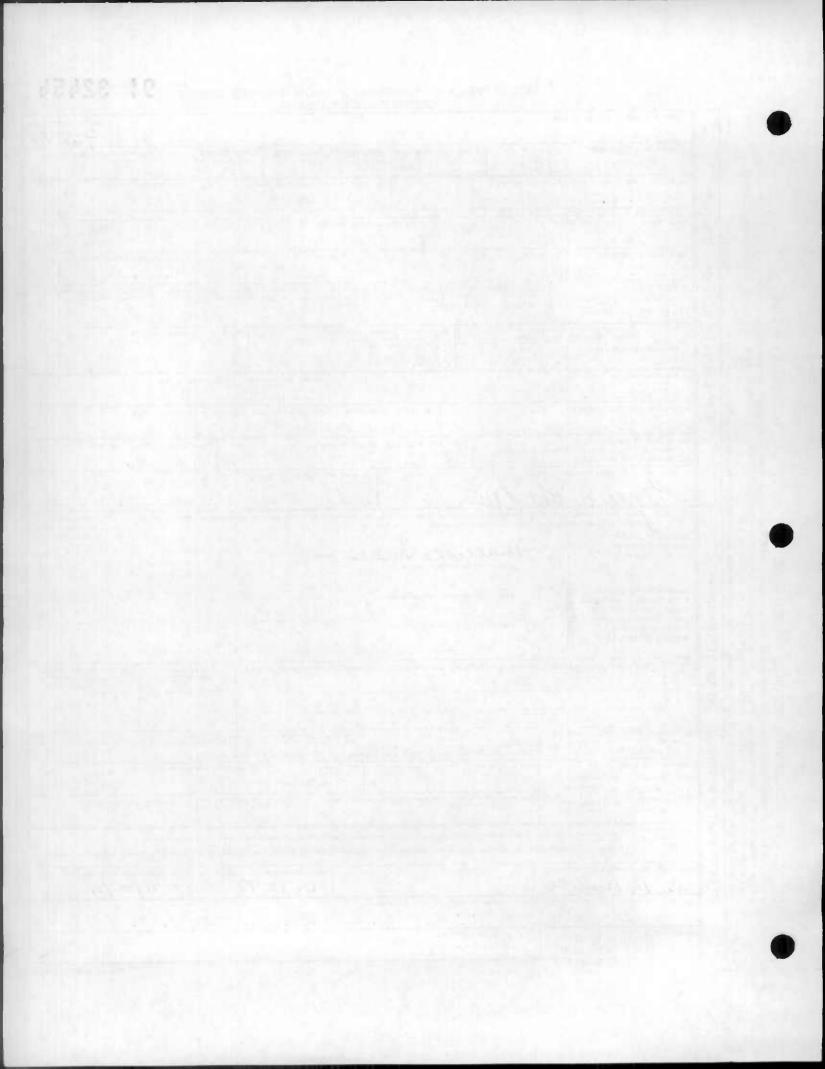
	1. DECEDENT'S NAME (First,	Middle, Last)			<u>JEIIIII</u>	TOATT		DLA		2. DATE OF DEATH			3. TIME OF DEATH
	CH	HARLES	Мт	LTON		LINTHICUM 11				МОНТН	23	YEAR 91	12:30 P M
	4. SOCIAL SECURITY NUMBI	ER	5. SEX		s. last birthday)	IF UNDER		IF UNDER	9 24 HRS.	7. DATE OF BIRTH		7 4	PLACE (State or Foreign
- 1	060-30-7823		1 X M 2 - F	68	YRS.	MONTHS	DAYS	HOURS	MIN.	MIN. 12 11 1922 MARYLAND			
	9a. FACILITY NAME (If not ins	titution, give s	treet and number)			9b. CITY	, TOWN	OR LOCATI	ON OF DE			UNTY OF DE	
S.	106 W. MAPLI	E ROAD)			LIN	тит	TIM I	IFICE	HTS, MD			
5	RESIDENCE OF DEC	EDENT							ILIGI	113, MD		ANNE	ARUNDEL
DIRECTOR	10e. STATE	-10C, C					OR LOCAT						10d. INSIDE CITY LIMITS?
							UM I	HEIGH	ITS				1 YES 2 X NO
FUNERAL	10e. STREET AND NUMBER						101	. ZIP COD	E		10g. CIT	TIZEN OF W	HAT COUNTRY?
H	10.6 W. MAPLE ROAD 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED							21090				.S.A.	Lagara
	1 Never Married 2 X	Warried	FORCES? 1	X YES 2	NO		13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- 14. RACE Ameri If yea, specify Cuban, Maxican, Puarto Rican, atc.)					American Indian, White, etc.	
BY	3 Widowed 4 Divon	cad	IF YES, GIVE V				1 🗌 YES	2 X.NO	Specify	<i>/</i> :		Specify	WHITE
	15. DECE	DENT'S EDUC	CATION		. DECEDENT'S	USUAL O	CCUPATIO	ON		16b. KIND OF	BUSINESS/IN	DUSTRY	WHITE
Щ	Elementary/Secondary (0-	highest grade	College (1-4 or 5	+)	(Give kind of life. Do NOT u	work done se retired.)	during mo	st of worldr	ng				
Ē.	12		5+		PATHOLO	GIST				MD. ST	. HEAT	LTH D	EPT.
COMPLETED	17. FATHER'S NAME (First, Mic	idle, Last)						18. MOTI	HER'S NA	ME (First, Middle, Maid			
ш	SETH H. LINT	THICUM								PERKINS			
TO B	THE INFORMANT'S NAME (%)	paPrint			19b. MAILING	ADDRESS	(Street a	nd Number	or Rural F	Route Number, City or	fown, State, Zi	ip Code)	
-	VERENA B. LI	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	UM		106 V	. MA	PLE	ROAL	LI	NTHICUM	HEIGHT	rs. M	D 21090
	1 X Burtel 2 Cremetion	ON S D Reme	oval track took	20b. PLA	CE AND DATE	OF DISPOS					LOCATION		
- 1	4 Donation 5 Other	Although the same	/ / /	LIN	PHICUM	FAM	ILY	CEME	TERY	11-27 L	NTHIC	UM HE	EIGHTS, MD
- 1	21. SIGNATURE OF FUNERAL	SERVICE LIC	BREE / O	11	1	22.	NAME AN	D ADDRES	SS OF FAC	ERAL HOME			
	Nickan	VV.	- AND	8-14W	9					S.W. GLE	N DIIDA	ATE I	MD 21061
	23. PART I. Enter the dis	eases, or o	omplications this	t unused the	desth. Do	not enter	the mo	de of dy	ng, sucl	n as cardiac or re	spiratory sr	rest,	Approximate
	IMMEDIATE CAUSE (Fins	nes samuent.	Clar Only Other Car	e on esch	line.								intervsi Between Onset and Death
	disease or condition resulting in death)	> .	TAR	CINOM	A OF	TH	E PA	NCRE	AS.				- Chook and Double
	DUE TO (OR AS A CONSEQUENCE OF):												
Z	Sequentially list conditions. To METASTATIC DISENSE TO THE LIVER												
Ĕ	if any, leading to immedicause. Enter UNDERLYIN	late	DUE TO	(OR AS A CON	SEOUENCE O	F):							
CERTIFICATION	CAUSE (Disesse or injury	esse or injury C.											
Ë	that initiated events resulting in death) LAST		DUE 10	(OR AS A CON	ISEOUENCE O	F):							
E			1										
	PART II. Other significan	t conditions	s contributing to	desth but no	ot resulting	in the un	derlying	cause g	iven in	Part i. 24a. WAS	AN AUTOPSY	0.01	WERE AUTOPSY FINDINGS
EDICAL										PERF	ORMED?		AVAILABLE PRIOR TO COMPLETION DF CAUSE
MEC											2 [Bito		OF DEATH? 1 YES 2 NO
													1 123 2 10
8	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL					28. PL	ACE OF DE	EATH (Che	ck only one)			
) S	1 YES 2 NO		HOSPITAL:	ER/Outpetlan	1 3 🗆 DOA	OTHER		5 N/60	aldenca	6 Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH		28a. DATE OF (Month, D.		26b. TIM		28c. INJU	JRY AT		28d. DESCRIBE HOY	INJURY OC	CURED	
B≺	1 Natural 5 Pe	ending vestigation		,, ,,,,,	1100	M		ES 2	NO				
	3 Suicida 8 C	ould not be	26s. PLACE O building,	F INJURY — At atc. (Specify)	t home, farm, a	treat, facto	ory, office			281. LOCATION (Street	et and Number	r or Rural Ro	ute Number,
Ë L	4 Homicide	benimate								City or Town, Sta	(0)		
- E	29a. CERTIFIER (Check only	YING PHYSIC	CIAN: To the beat of	my knowledge	, dasth occurre	ed at the ti	ne, data	and placa,	and dua	to the cause(a) and n	enner aa atal	ted.	
COMPLETED	one) 2 MEDIC	AL EXAMINER	R: On the beals of a	amination and	or investigation	n, in my o	olnion, de	ath occur	ed at the t	lime, data and placa,	and due to ff	he cause(a)	and manner as stated,
ш	296. SIGNATURE AND TITLE O			-)				NSE NUM				Month, Day, Year)
00	Derard	- m	Lordo	m				DI	192	96	>	11/2	2 9
2	30. NAME AND AODRESS OF	PERSON WHO	COMPLETED CAUS	E OF DEATH (ITEM 27) (Туре,	Print)				10	1	10	7 11
	GERARD	M	LOWDER		70	E.F	ORT	- A	VEN	WE B	altin	al. N	12 21230
	31. DATE FILED (Month, Day, Ye	1991	deva Va	HUDON-	andelle.					,			

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79		215-03-54	95	1 XXM 2 □ F	83				
should		9a. FACILITY NAME (If not in	stitution, give s	treet and number)					
ري دي	OR		LE GRO	OVE ROAD					
	2	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY							
Pages 1,	FUNERAL DIRECTOR	MARYLAND		CIMORE					
rmit.		100. STREET AND NUMBER	DALI	LIFIONE					
020 physician. burlal-transit permit.		12 N. BEL	IF CRO	OVE ROAD					
ctan.		UNE	11. MARITAL STATUS	DE GIG	12. WAS DECEDENT	FVFR IN II S A			
the the	ВУ	1 Never Merried 2 3 Widowed 4 Divo	YES 2						
r attencuse as	8	15. DEC (Specify only	EDENT'S EDUC	CATION completed)	18a. E				
the hospital or detached for u	COMPLET	Elementary/Secondary (0		College (1-4 or 5+)					
AND the hospit detached once.	MP	12th			STO				
the harder	00	17. FATHER'S NAME (First, MI							
RYL old be	BE	FRANKLIN		JDEMAN					
MAR retained 5 should notitied	0	19a. INFORMANT'S NAME (7)			1				
	i i	CORITA LA		(WIFE)					
BALTIMORE, ler death. Page 6 may by the funeral director, page wal.		20a. METHOD OF DISPOSITI	n 3 🗌 Remo	oval from State	20b. PLACI				
Page 6 mg		4 Donation 5 X Other 21. SIGNATURE OF FUNERAL			LOUDO				
ALTIN death. Pag e funeral dia il. examiner		1/A	SERVICE LIC	L L					
BA er de the fu		MANdak	Res lit	TUL 1 YU	UIS				
C 7 at		23/PART I. Enter the di	seasea, or c	omplications that list only one caus	caused tha d				
3 5 g S		IMMEDIATE CAUSE (Fin		Cist only ona caus	e on each iin				
in 24 life tely fille nation,		disaaaa or condition reaulting in daath)	→ .	mul	elipe				
760, ed within omplete II, crem event,					OR AS A CONS				
SOX 68760, ate be executed within a ysician and completely prior to burial, cremati traumatic event, the	N	Sequantially list condition		D					
to be execute sician and coprior to burical traumatic	Ĭ	If any, laading to immed	llata	DUE TO (OR AS A CONSI				
beath certificate be attending physician mal Hygiene prior traun ty, or other traun	2	cause. Enter UNDERLYII CAUSE (Diseasa or Injur							
n certifical nding phy Hygiene p	Ë	that initieted events reaulting in death) LAST		DOE 10 (0	OR AS A CONSE				
he death the attend Mental H	8			i					
E se se	SICIAN: MEDICAL CERTIFICATION	PART II. Othar algnifican	nt conditions	s contributing to d	laath but not				
puires that the signed by the Health and ows any in	5								
requires been sign of Healt	A								
w request of been of sho	-								
he law ne has be e Dept.	IA	25. WAS CASE REFERRED TO	MEDICAL						
AN AN St	Sic	EXAMINER?		HOSPITAL;	ER/Outpatient				
	РНҮ	27. MANNER OF DEATH		28e. DATE OF II (Month, Day	NJURY				
ING PHYS of the this ceath with marked	BY F		ending reatigation	(Month, Day	tear)				
0 0 0	0	2 Culoido	Could not be	28e. PLACE OF building, at	INJURY — A1 h				
DR ATTEN DIRECTOR: nours after tem 28 i	E	4 Homicide d	etermined	Salaring, a	ic. (opecity)				
DIRECT HOURS	PLE	29e. CERTIFIER (Check only	FYING PHYSIC	CIAN: To the beat of m	ry knowledge, d				
₹ ₹ ₹ =	COMPL	one)		: On the beele of exe					
		29b. SIGNATURE AND TITLE	OF CERTIFIER	1					
	BE	8. 12 hu	0.00						
665₹	2	30. NAME AND ADDRESS OF		COMPLETED CAUSE	OF DEATH (ITS				

91 32454 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1 - STATE REGISTRAR	STATE OF MARY			OF HEALTH AND	MENT	AL HYGIEN	E 9	1 3	2454
1. OECEDENT'S NAME (First, Middle, Last) WILLIAM WHITRI	IDGE LAUDEM	IAN			2. DAT	E OF DEATH	4 g'	3. TH	ME OF DEATH 4:55 A M
4. SOCIAL SECURITY NUMBER 215-03-5495	1 X XM 2 □ F 8	E (In yrs. lest birthdey) 3 YRS.	IF UNDER 1	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.		E OF BIRTH	8. M.	BIRTHPLACE COUNTY LAI	(State or Foreign
99. FACILITY NAME (If not institution, give st 12 N. BELLE GRO RESIDENCE OF DECEDENT				OWN OR LOCATION OF	DEATH		OF DEATH		
MADVIAND DATETMODE CAMONGYTY TO								INSIDE CITY LIMITS? YES 2 X X 0	
	12 N. BELLE GROVE ROAD 101. ZIP CODE 12 N. BELLE GROVE ROAD 102. CITIZEN OF WHAT U.S.A.								COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	d 27 Merried FORCES? 1 YES 2X NO If yes specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — Bleck, W					RACE — An Block, White SHITE	narican Indian, e, etc.		
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 12th	CATION completed) College (1-4 or 5+)	18e. DECEDENT'S (Give kind of life. Do NOT us.) STOCKBR(work done dui se retired.)	UPATION ing most of working		FINANCI		RY	
17. FATHER'S NAME (First, Middle, Lest) FRANKLIN G. LAU 19a. INFORMANT'S NAME (Type/Print)	DEMAN				REVER				
CORITA LAUDEMAN	100		BELL	E GROVE RO		CATONS		MD 21	
1 Burial 2 Cremation 3 Remoted 4 Donation 5 N Other (Specify) EN 21. SIGNATURE OF FUNERAL SERVICE LICE	TOMBMENT L	metery crematory or of OUDON PAR	RK MAU		1/26 SSELL	/9 BA	LTIMORI ZKE FUI	E,MD NERAL	
23/PART I. Enter the diseases, or conscious shock, or heart failure. If immediate diseases or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that intilisted events	DUE TO (OR AS	each line.	yelo	e moda of dying, au	ich aa ca	rdiac or raspin	retory arreat,		Approximate Interval Between Onsat and Daath
PART II. Other algorificant conditions	contributing to death	but not resulting i	In the unde	rlying causa given in	n Part I.	24e. WAS AN /			AUTOPSY FINDINGS BLE PRIOR TO
						1 TYES 2	□ NO	OF DE	ETION OF CAUSE
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	patient 3 DOA	OTHER:	28. PLACE OF DEATH (C			!		
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28	c. INJURY AT WORK?	-	SCRIBE HOW IN	JURY OCCURE	D	
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, atc. (Spe	Y — A1 home, ferm, a locify)	itreel, factory	office	28f, LO	CATION (Street ar or Town, State)	nd Number or R	ural Route Nu	Imber,
	IAN: To the best of my know On the best of exemination							use(a) end m	anner ea stated.
296. SIGNATURE AND FITTLE OF CERTIFIER Lan R Molen	1			29c. LICENSE NU			29d. DATE SIG	NED (Month,	
30. NAME AND ADDRESS OF PERSON WHO	MOHLER M.D	•		GNES HOSPI	TAL,	BALTIMO	RE, MD		
NOV 2 6 1991	guia in 30	on-Mandall							



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFICATE OF DEATH REG. NO.
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH MONTH DAY VEAR VEAR M M M M M M M M M M M M M M M M M M M
	STANLEY LOPES November 201991 M
- 1	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Mogdib, Day, Year) (Mogdib, Day, Year)
	123-22-9/10 1 2m 2 DF / YRS. MONTHS DAYS HOURS MIN. / MORELLY TO THE TOTAL TO THE MIN. / MORELLY TOTAL
	96. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH
œ	Saint Joseph Hospital Baltimore City Baltimore
<u>ō</u>	
DIRECTOR	RESIDENCE OF DECEDENT 10s. STATE 10s. COUNTY 10s. CITY, TOWN OR LOCATION 10d. INSIDE CITY
<u>E</u>	LIMITS?
	Maryland DAIIMON 19 YES 2 NO
A	100. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?
E	220 B melvin Ave. 21228 4.014,
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RACE — American Indian, 15. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No— 16. RACE — American Indian, 17. Black, White, atc.
	1 Never Merried 2 Married FORCES? 1 YES 2 NO If yes, specify Cuban, Maxicen, Puerto Rican, etc.) Black, White, atc. Specify: Specify:
B	3 Wildowed 4 Divorced WWII
0	15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY
E	(Specify only highest grade completed) (Give kind of work done during most of working life, Do NDT use retired.)
7	Elementary/Secondary (0-12) College (1-4 or 5+)
Σ	2
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)
ш	rejer Lopes " MANG SYIVIA
8	19b. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRÉSS/(Street and Number or Rumal Mumber, City, or John, State, Zip Gode)
2	Mrs, mary Lopes 220 B Melu, NHUE, BAIT, md 21238
	206. METHOD OF DISPOSITION 206. PLACE AND DATE OF DISPOSITION /Name 20c. LOCATION — City or Town, State
	1 Burial 2 Cremation 3 Removal from State Okcasion greenatory or other place) Own BD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
	Joseph L Russ 2222 W minth ave
	The form of the const
100	23. PARTVI. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate
	ehock, or heert fellure. Liet only one ceuse on each line. Interval Between Oneet end Deeth
	IMMEDIATE CAUSE (Fine) disease or condition resulting in death) a. metastatic Carcinoma
	resulting in death) a. Mattacker Consequence of p:
	DUE TO (ON AS A CONSEQUENCE OF):
NO	Sequentially list conditione, b.
E	if eny, leading to immediate
C	cause, Enter UNDERLYING CAUSE (Disease or injury
는	that initiated eventa DUE TO (OR AS A CONSEQUENCE OF):
CERTIFICATION	reculting in deeth) LAST
	PART ii. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS
EDICAL	PERFORMED? AVAILABLE PRIOR TO
9	1 U YES 2 NO COMPLETION OF CAUSE OF DEATH?
ME	1 Tes 2 No
A	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)
PHYSICIAN:	EXAMINER? HOSPITAL: OTHER: I postiant 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)
X	1 YES 2 NO 1 Inpetiant 2 ER/Outpatient 3 DOA 4 Nursing Homa 5 Rasidence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 26c. INJURY AT 26d. DESCRIBE HOW INJURY OCCURED
4	(Month, Day, Year) INJURY WORK?
BY	2 Accident Investigation
0	3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) 28e. PLACE OF INJURY — At home, farm, atreet, factory, office City or Town, State)
H	4 Homicide determined
7	29e. CERTIFIER (Chack only. 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.
Σ	(Check only One) 2 MEDICAL EXAMINER: On the basis of axemination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
COMPLET	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)
	Delly 1. Nyon, 14.0. 216942 11/20/91
7	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
	BEATRIZ P. DIZON St. Joseph Kapilal Jourson my
	31. DATE FILED (Month, Day, Year) 32. REGISTRAN'S SIGNATURE

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 18 mounts after death. Page 5 mounts by the retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

NOV 2 6 1001

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	William	E.	LEWI	S	Novembe	er 23, 1991 5:32 P			
	4. SOCIAL SECURITY NUMBER 213-14-8859	1X M 2 🗆 F	GE (In yrs. last birti 75		EAR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATE OF BIF (Month, Day, Sept. 30	Year)	6. BIRTHP Country)	LACE (State or Foreign
TOR	9a. FACILITY NAME (If not Institution, give Franklin Square Hosp RESIDENCE OF DECEDENT	oital		96. CITY, TO RO	ROSSVIlle 9c. COUNTY OF DEATH Baltimore County				
DIRECTOR	Md. 106. COUNT	c. CITY, TOWN OR Carney	OCATION				IDI. INSIDE CITY LIMITS? YES 2 X NO		
FUNERAL	2294 C. Lowell Ridge		101. ZIP CODE 21234			ZEN OF WH	AT COUNTRY?		
ВУ	11. MARITAL STATUS 1 Never Married 2 X Merried 3 Wildowed 4 Divorced	If yo	DECENDENT OF HISPA ee, specify Cuben, Mexic YES 2 NO Speci X	en, Puerto Ricen, a	cify Yan or No	14. RACE - Bleck, Specify Whit	- American Indian, White, atc.		
COMPLETED	15. DECEDENT'S EDL (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	16e. DECEDE (Give kin life. Do N	ent's usual occu nd of work done duri NOT use retired.) Pay Roll	PATION Ing most of working Supervisor	16b. KIND	OF BUSINESS/IND	USTRY	
BE CO	17. FATHER'S NAME (First, Middle, Last) RUSSELL P. Lewis				In MOTHER'S N	AME (First, Middle, I	Maiden Surname)		
10	Gregory J. Lewis		19b. MA 512	5 Hillburn	Avenue Balt	Route Number City	21206 Zip	Code)	
	20e. METHOD OF DISPOSITION 1 Duriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE AND	noval from State	ny or other place) Novem	TEOF DISPOSITION (Name of DATE 20c. LOCATION — City or Town or other place)					
		ledden		Le	onard J. Rucl	k Inc. 530	05 Harford	Road	
TIFICATION	23. PABY I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each ilns. IMMEDIATE CAUSE (Finel disease or condition reaulting in death) Massive Cerebral Hemorrhage DUE TO (OR AS A CONSEQUENCE OF):								
MEDICAL CERTIFICATION	PART II. Other eignificant condition	d.	but not reault	ting in the under	iying cause givan in	P	MS AN AUTOPSY ERFORMED? YES 2X NO	CI	ERE AUTOPSY FINDINGS AILABLE PRIOR TO DIPLETION OF CAUSE F DEATH? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	6. PLACE OF DEATH (Ch	eck only one)			
BY PHYS	1 VES 2 XNO 27. MANNER OF DEATH 1 XNetural 5 Pending 2 Accident Investigation	1 Nation 1 Day, Year (Month, Day, Year	Y 28b	OA 4 Nursing TIME OF 280	Homa 5 Reeldence INJURY AT WORK? YES 2 NO		(y) HOW INJURY OCC	JRED	
- 1	3 Suicide 6 Could not be datarmined	28e. PLACE OF INJU building, etc. (S	IRY — At home, fa	arm, street, fectory,	office	28f. LOCATION (Street and Number of State)	or Rural Rou	te Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE	CIAN: To the beat of my kn	owledge, dasth oc	coursed at the time,	deta and place, and due	to the ceuse(a) er	nd menner ea state	d.	nd menner ee statad.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER		K Ha	eems	29c. LICENSE NUI				onth, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WHE				ive Baltim	ore, MD.	. 21237		
	31. DATE FILED (Month, Day, Year) NOV 2			n-Randell					

	1 - STATE REGISTRAR CERTIFICA	TE OF DEATH	MENIAL HYGIENE REG. NO.								
	Florine H. Meach	AM	2. DATE OF DEATH MONTH DAY		3. TIME OF DEATH						
	1 SOCIAL SECURITY NUMBER 5. SEX 1 M 2 V F 78 YRS. lest birthday) FUN MONT	NOER 1 YEAR IF UNDER 24 HRS. HS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIR	THPLACE (State on Foreign ntry)						
TOR	99. FACILITY NAME (If not institution, give street and number) Bon Secous Hospital Bo Ho Bo CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH										
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOW	N OR LOCATION			10d. INSIDE CITY LIMITS?						
FUNERAL	100. STREET AND NUMBER Place	10f. ZIP CODE 01217		10g. CITIZEN OF	WHAT COUNTRY?						
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexico 1 YES 2 NO Specific	in, Puerto Ricen, etc.)		CE - American Indian, cick, White, etc.						
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16a. DECEDENT'S USUA (Give kind of work of life. Do NOT use retire	one during most of working	16b. KIND OF BUSI		Diago						
BE COMP	17. FATHER'S NAME (Figst, Middle, Linst) Fred Cox	18. MOTHER'S N	ME (First, Middle, Maiden S	umame)							
TO B	190. INFORMANT'S NAME (Type/Print) 190. Melachan 190. Mailing Address (Street and Number or Rural Route, Number, City or Town, State, Zip Coda) 170/ Futaw Place 212.17										
	206. METHOD OF DISPOSITION 1 Source 2 Cremetion 3 Removal from State 206. PLACE AND DATE OF DISPOSITION (Name of cemetary, femilipsy or other place) 206. PLACE AND DATE OF DISPOSITION (Name of cemetary, femilipsy or other place) 1 Donetton 5 Other (Specify)										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF FA	I West ba	sh A	A0						
	23. PART i. Enter the diseases, or complications that caused the death. Do not an shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):	nAction	h as cardiac or respire	atory arreat,	Approximate Interval Batween Oneat and Death						
CERTIFICATION	Sequantially list conditions, If any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated avanta resulting in death) LAST b. MAIGNANT POLICARD REPORT OF THE POLICARD REPORT										
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the undarilying causa given in Part 1. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 YES 2 NO										
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTH	28. PLACE OF DEATH (Ch	eck only one)								
HYS		Nursing Home 5 Residence	8 Other (Specify) 28d. DESCRIBE HOW INJ.	Illmy coountry							
ВУ Р	1 Netural 5 Pending (Month, Day, Year) INJURY 2 Accident Investigation	WORK?	200. DESCRIBE HOW INS	ORY OCCURED							
	3 Suicide 8 Could not be 4 Homicide determined 26e. PLACE OF INJURY — At home, larm, street, building, etc. (Specify)	lectory, office	281. LOCATION (Street en City or Town, Stete)	d Number or Rural	Route Number,						
COMPLETED	29e. CERTIFIER (Check only 0/19) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the control of the best of the be	ne time, date end place, end due ny opinion, death occured at the	to the ceuse(s) and menn- time, data end place, and	or se stated.	(e) end menner es stated.						
BE	296. SIGNATURE AND TITLE OF CERTIFIER COKORNOGY MD	29c. LICENSE NUI			D (Month, Day, Year)						
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) CHRISTOPHER D. KEARNEY U	0 700 W	ASH RIVI	O RE	KTMD						
	31. DATE FILED (Month, Day, 1991) 2. REGIS MARS SIGNATURANCE.			-71	720						

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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BALTIMORE, MARYLAND 21215-0020

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BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 Cars after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit i	be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to bunial, cremation, or removal.	IMPORTENT: if item 28 is marked or item 23 shows any injury or other traumatic event the medical evantines must be positived at once
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	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	/TIN	A McCLEN		DEATH	2. DAT	REG. NO).		3. TIME OF DEAT	н	
		ENDON (111)	A MCCLEN	DON)		1 1	TH C	4	YEAR	2:23 A		
	217-06-6310	1 M 2 V F	(In yrs. last birthday) 25 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.	7. DATI (Mor	of BIRTH th, Day, Year) 2-66	8	. BIRTHP Country)	LACE (State or For	eign	
TOR	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 1500 PATTERSON PARK AVE. BALTIMORE CITY RESIDENCE OF DECEMENT											
DIRECTOR	10a. STATE 10b. COUNTY			EN BURN		ш				10d. INSIDE CITY LIMITS?	NO	
FUNERAL	6341 HARRIS HEIGHTS AVENUE 21061									AAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	If yea, s	CENDENT OF HISP pecify Cuban, Maxi S 2 NO Spe	can, Puarte	N? (Specify Ya Rican, atc.)	a or No 1	Black, Specify	- American India White, atc.	A,	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)	ATION ompleted) College (1-4 or 5 +)	18a. DECEDENT'S (Give kind of life. Do NOT u		ON ost of working	16	b. KIND OF BU	SINESS/INDUS	STRY			
E COM	17. FATHER'S NAME (First, Middle, Last) RISDON McCLENDON		T ONETH EO		18. MOTHER'S I			Sumame)				
TO BE COI	19a. INFORMANT'S NAME (Typer/Print) MARVA McCLENDON 19b. MAILING ADDRESS (Street and Number or Furst Route Number, City or Town, State, Zip Code) 218 POPLAR AVE./GLEN BURNIE, MD 21061											
	20b. PLACE AND DATE OF DISPOSITION 1 XI Burlai 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 20b. PLACE AND DATE OF DISPOSITION (Name of BALTIMORE, MD) 20c. LOCATION — City of Town, State BALTIMORE, MD											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM. C. MARCH F. H. / 1101 E. NORTH AVENUE											
	23. PART I. Enter the disease, pr co-shock, or heart failure. Li IMMEDIATE CAUSE (Finel disease pr condition reculting in death) e.	Blunt force	d the deeth. Do neeth line. Livius A CONSEQUENCE O	ves to				A.		Approxime Interval Be Oneet end	tween	
NOI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury.											
-ICA1	CAUSE (Disease or injury C.	DUE TO (OR AC	thet initieted events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): d.									
CERTIFICATION	CAUSE (Disease or injury that inliteted events resulting in deeth) LAST											
	CAUSE (Disease or injury c. thet initieted events				g ceuse given i	n Pert I.	24a. WAS AN PERFOR		o o	VERE AUTOPSY FIN WALLABLE PRIDE TO COMPLETION OF CAUF DEATH?	USE	
	CAUSE (Disease or injury that inliteted events resulting in deeth) LAST PART II. Other eignificant conditions 25. WAS CASE REFERRED TO MEDICAL			in the underlyin			PERFOR	RMED?	o o	WAILABLE PRIDR TO COMPLETION OF CA OF DEATH?	USE	
	CAUSE (Disease or injury that inlited events resulting in deeth) LAST PART II. Other eignificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?		out not resulting	in the underlyin	g ceuse given i	Check only o	PERFOR	AMED?	o o	WAILABLE PRIDR TO COMPLETION OF CA OF DEATH?	USE	
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BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury thet inlitieted events recuiting in deeth) LAST DART II. Other eignificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Vers 2 No 1. Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be datarmined	Contributing to deeth to the contributing to deeth to the contribution of the contribu	patient 3 DOA 29b. TIM INJ	26. POTHER: 4 Nursing Hone URY M 1 streat, factory, office	LACE OF DEATH (Come 5 Paeldence UNITY AT JRK?	Check only of 6 X Xah	PERFORMANCE OF SECRETARY AND S	LEY	A C C C C C C C C C C C C C C C C C C C	WAILABLE PRIDE TI OMPLETION OF CA IF DEATH? YES 2 NO	USE	
BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury thet inlitieted events resulting in deeth) LAST DART II. Other eignificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1X YES 2 NO 1 Netural 5 Pending Investigation 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only)	Contributing to deeth to the second s	patient 3 DOA 28b. TIM INJ 7 — At home, farm, crify) STRI	26. POTHER: 4 Nursing Hon E OF 28c. IN. WY M 1	LACE OF DEATH (Come 5 ☐ Realdence UNITY AT ONE 2 NO General Comments of the C	28d. DE	PERFORMANCE OF SPECIAL PROPERTY OF SPECIAL PRO	LEY NJURY OCCUP ATTEI	RED Rural Root	WALLABLE PRIDE TO DOMPLETING DE CAMP D	O USE	
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	1 - FOR STATE REGISTRAR	STATE OF MARYL	LAND / DEPAI CERTIF	RTMENT OF I	HEALTH AND	MENTAL HYGIE				
	1. DECEDENT'S NAME (First, Middle, Last) Joan E. Mugre	ige Mayer				2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 217 32 77 88	1 M 2 DF	1 M 2 M 5 5 YRS. MONTHS DAYS HOURS				7. DATE OF BIRTH (Month, Day, Year) 12. 65 35 8. BIRTHPLACE (State or Fore Country) Maryland			
CTOR	9a. FACILITY NAME (If not institution, give : Merey Hospital RESIDENCE OF DECEDENT			Baltimo	OR LOCATION OF E	DEATH	9c. COUNT	Y OF DE	ATH	
DIRECTOR	10e. STATE 10b. COUNTY Md.			v, town or Loca ltimore				10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	1838 W. Pratt St			10	21223			ZEN OF WHAT COUNTRY?		
ВУ	11, MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yea, ap	CENDENT OF HISPA Decify Cuban, Maxic 5 2 NO Spec	NIC ORIGIN? (Specify ten, Puerto Rican, etc.)	ea or No — 1	8. RACE Black, Specify	- American Indian, White, etc.	
PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	18a. DECEDENT'S (Give kind of life. Do NOT u		ON ost of working	166. KIND OF B	USINESS/INDUS	STRY	Wall, CO	
COMPL	17. FATHER'S NAME (First, Middle, Last)	Homos	22.61	18. MOTHER'S N	AME (First, Middle, Maide					
BE	Frank Mullineau 190. INFORMANT'S NAME (Type/Print)	x	Programme			Ridgley				
5	Ronald G. Mugrag	e				Route Number, City or To				
	20s, METHOD OF DISPOSITION 1 Buriel 2 Cremetten 3 Rem 4 Donation 5 Other (Specify)	cen	b. PLACE AND DATE	ther plecel		11/	ocation — cit		n, State	
	21. SIGNATURE OF SURE LIA SERVICE LIA	L. Kauf	men	Gary			1 Home		227	
CERTIFICATION	IMMEDIATE CAUSE (Final	tive Head a consequence of parthy a consequence of	THE HEART FAILURE EQUENCE OF): HAY EQUENCE OF): Cailure EQUENCE OF):					Approximate Interval Between Oneat and Death		
PHYSICIAN: MEDICAL CE	PART II. Other eignificant condition	a contributing to death b	out not resulting	in tha underlyin	g causa givan in		N AUTOPSY DRMED? 2 NO	0	YERE AUTOPSY FINDINGS WAIL ABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO	
SICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	patient 3 🗆 DOA	OTHER:	ACE OF DEATH (C	6 Other (Specify)				
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Yeer)	28b. TIM	E OF 28c. INJ		28d. DESCRIBE HOW	INJURY OCCUP	RED		
	3 Suicide 8 Could not be datarmined	28e. PLACE OF INJURY building, stc. (Spec	/ — At home, farm, s	straet, factory, offic	•	281. LOCATION (Stree City or Town, State	end Number or 9)	Rural Roo	ute Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE	CIAN: To the best of my know R: On the basis of exemination	riedge, death occurrent	ed at the time, date	and place, and du	s to the ceuse(s) and m	enner as stated.	euse(a) s	and manner as stated.	
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	eg MA			29c. LICENSE NU	MBER			Month, Day, Year) 0 1991	
	30. NAME AND ADDRESS OF PERSON WHO	1 MD Uni	v. of Ma	ryland	Hosp. Fa	1, Balt	mor,	M	D	
	31. DATE FILEN (10 V 2 6 ° 1991	32. AEGISTRABIS SIGN	n-Randole							

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HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospit	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	In 72	TANT If item 28 is marked or item 23 shows any injury or other traumatic events are more to accident as account.
HOS	FUN	with	TAN

FRANCIS S.KEY HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION DUNDALK	3. TIME OF DEATH 9 1 7:03 A M 8. BIRTHPLACE (State or Foreign Country) Virginia OUNTY OF DEATH									
NELLIE Frances Martin 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) 9. FACILITY NAME (If not institution, give street end number) FRANCIS S. KEY HOSPITAL RESIDENCE OF DECEDENT 100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION DUNDALK 11 24 11 24 12 21 22 12 25 13 24 14 25 15 24 15 24 17 24 18 21 25 18 21 25 19 25 19 26 10 27 10 27 10 27 10 24 11 24 11 24 12 21 25 12 21 12 22 13 24 14 25 15 24 15 24 17 24 18 21 25 18 21 19 24 18 21 19 24 18 21 19 24 18 21 19 24 18 21 19 24 18 21 19 24 18 21 19 24 18 21 19 24 18 21 19 24 18 21 19 24 18 21 19 24 18 21 19 24 18 21 19 24 18 21 19 24 18 21 19 24 18 21 19 25 19 26 19 2	917:03 A M 8. BIRTHPLACE (State or Foreign Country) Virginia OUNTY OF DEATH									
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212-22-3528 1 M 2X F 64 90. FACILITY NAME (If not institution, give street end number) FRANCIS S.KEY HOSPITAL RESIDENCE OF DECEDENT 100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION DUNDALK DUNDALK	Virginia OUNTY OF DEATH									
FRANCIS S. KEY HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION DUNDALK										
	10d. INSIDE CITY									
We STREET AND NOMBER 109, ZIP CODE 10g. C	t TYES 2 NO									
U. STREET AND NUMBER 2815 DUNGLEN COURT 100, STREET AND NUMBER 2815 DUNGLEN COURT 1. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2√ NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-	CITIZEN OF WHAT COUNTRY?									
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 1 NO Specify:	14. RACE — American Indian, Black, White, etc. Specify: WHTTF									
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondary (0-12) UNKNOWN 16. KIND OF BUSINESS/ (Slive kind of work done during most of working life. Do NOT use refired.) WAITRESS RESTAURA 17. FATHER'S NAME (First, Middle, Last)										
(Specify only highest grade completed) [Give kind of work done during most of working life. Do NOT use refired.] [Give kind of work done during most of working life. Do NOT use refired.]										
UNKNOWN WAITRESS RESTAURA	NT									
	0)									
19a INFORMANT'S NAME (Frontier)										
O Total Note Hamber, Only of Young, State,	The state of the s									
20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City of Town, State										
4 Donetton 5 Other (Specify) Green Mount Crematory 11+27-91 BALTO, MD										
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
Bradley-Ashton Funeral Home	e, INC.									
23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, ehock, or heert fallura. List only one cause on each line. Approximate intervel Between										
IMMEDIATE CAUSE (Final disease or condition resulting in deeth) • Attended levette Conditions of the consequence of:										
Sequentially list conditions, if any, leeding to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury thet initiated evente DUE TO (OR AS A CONSEQUENCE OF):										
resulting in death) LAST										
Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24e, WAS AN AUTOPS	PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS									
D PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE									
1 YES ZYNO	OF DEATH?									
ž										
25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:										
OTHER: 1 Inpatient 2 N ER/Outpetient 3 DOA 4 Norsing Home 5 Recidence 8 Other (Specify) 27. MANNER OF DEATH 28. DATE OF INJURY										
28. DATE OF INJURY Netural 5 Pending	DCCURED									
3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 28t. LOCATION (Street and Numicide) 28t. LOCATION (Street and Numicide) City or Town, State)	ber or Rural Route Number,									
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, end due to the ceuse(e) end menner each one) 2 MEDICAL EXAMINER: On the basic of exemination end/or investigation, in my opinion, death occurred at the time, date end place, end due to										
MEDICAL EXAMINER: On the basic of exemination end/or investigation, in my opinion, death occured at the time, date end piece, end due to	the ceuse(e) end menner ee stated.									
	ATE SIGNED (Month, Day, Year)									
29c. LICENSE NUMBER 29d. D										
29c. LICENSE NUMBER O. C. M. E. 29d. D 30. NAME AND ADDRESS, OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	11/24/91									
29c. LICENSE NUMBER O. C. M. E.	11/24/91									

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

32. REGISTRAR'S SIGNATURE

Andrew Nowokowski M.D., 125 N. Main St., Bel Air, Maryland

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

FOR 1 - STATE	STATE OF MARYLAND					32401
REGISTRAR	С	EHITFICAT	E OF DEATH	REG. NO	0.	a True of Ferri
1. DECEDENT'S NAME (First, Middle, Last)	h				DAY O	3. TIME OF DEATH 5,50 Am
Kizzie Elmedo Mu:	rpny 5. SEX 6. AGE (In yrs. i	forma to final admiris 1 are senses.	ER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
	1 🗆 M 2 💢 💮 101	YRS. MONTHS	DAYS HOURS MIN.	Oct. 25,		irginia
Bel Air Convalesc		96, CI	Bel Air	PEATH	Hari	
100. STATE 10b. COUNTY	arford	10c. CITY, TOWN	on Location el Air			10d. INSIDE CITY LIMITS? 1XXYES 2 NO
100. STREET AND NUMBER 221 D. Crocker Dr	ive		101. ZIP CODE 21014			OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S., FORCES? 1 YES 2 X IF YES, GIVE WAR OR DATES		3. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 NO Speci	en, Puerto Ricen, etc.)	ee or No— 14	RACE — American Indian, Black, White, etc. Specify: White
15, DECEDENT'S EDUCA (Specify only highest grade co	TION 16a. In projected) College (1-4 or 5 +) NA		occupation be during most of working cipal		x Co. S	School Systems
17. FATHER'S NAME (First, Middle, Last) John Wesley Quese	nberry			AME (First, Middle, Maide Samones	n Sumeme)	
190. INFORMANT'S NAME (Type/Print) Elizabeth Anderso			ess (Street and Number or Rural rocker Drive			
29a METHOD OF DISPOSITION X Suriel 2	ral from State 20b. PLAG	CE ANO DATE OF DIS	sposition (Name rplace), aith Cemetery	OATE 20c. L	ocation — cit	or Town, State
21. SIGNATURE OF FUNERAL SERVICE LICEN		2	2. NAME AND ADDRESS OF F. Schimunek Fur	neral Home	s, Inc.	
23 PART I. Entar tha diseases, or co	molications that caused tha		9705 Belair E			
	et only ona cause on each li	ne.				Interval Batwee
resulting in death) a.			cerome,	vertour	VI C	
Sequentially list conditions, if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated avents resulting in death) LAST	DUE TO (OR AS A CONS DUE TO (OR AS A CONS OUE TO (OR AS A CONS	SEOUENCE OF):				
PART II. Other significant conditions	contributing to death but no	t resulting in tha	underlying cause givan in		ORMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTH	28. PLACE OF DEATH (C	Check only one)		
1 TYES 2 AND	1 Inpatient 2 ER/Outpatient	3 DOA 4 T	fursing Home 5 Residence	8 Other (Specify)		
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? M 1 YES 2 NO			26d. DEŞCRIBE HOV	Y INJURY OCCU	RED
3 Suicide 6 Could not be determined	de 6 Could not be 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)				et and Number or ite)	Rural Route Number,
29e. CERTIFIER (Check only	IAN: To the best of my knowledge,					

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hos TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 28 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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_	1 - STATE REGISTRAR	STATE OF MARY		FICATE OF			REG. NO.		7	32462
	1. DECEDENT'S NAME (First, Middle, Last)	m.				2. DATE OF	DEATH		YEAR	3. TIME OF DEATH
3	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGI	E (In vrs. lest birthdev)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH	9/1	911 8 BIRTH	PLACE (State or Foreign
	212-09-8721	15 M 2 - F 7	3 YRS.	MONTHS DAYS	HOURS MIN.	9-1(pay, Year)	9c. COUN	Country	
TOR	Bel Forest Nursin	0 , 1 /	Center	Fores	+ Hill,	me		Har	rfo	rd
DIRECTOR	MD Har	ford		ty, town on loca Abingdon	TION					10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	3504 Back Point	Ct. UNT	2 A	10	2100	3		100	SA	HAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVER FORCES? 1 \square YE IF YES, GIVE WAR OR 1944	S 2 MNO DATES	If yes, sp	DENDENT OF HISPA Decity Cuban, Mexico 3 2 NO Specia	an, Puarto Ric		or No	14. RACE Black Specii	- American Indian, , White, atc. ly: White
G	15. OECEOENT'S EDUC (Specify only highest grade of	ATION completed	16a. DECEDENT	S USUAL OCCUPATE f work done during m	ON net of working	19b, F	IND OF BUS	SINESS/INDU	JSTRY	WIIIOC
COMPLETED	Elementery/Secondary (0-12)	College (1-4 or 5+)	mach	ninist	SSI OF WORKING		Coppe	ers Co	ompa	ny
ш	17. FATHER'S NAME (First, Middle, Last) Anthony	mano	ner		18. MOTHER'S NA	AME (First, Mi	ddle, Malden	Surname)	r	(McNieve)
TO B	19a. INFORMANT'S NAME (Type/Print) Edward Manner			ig address (Street 14 Grady				n, State, Zip 210]		
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Remo	val from State	other place) Gardens	osmon (Name of ce			20c. LO	CATION — C		
	21. SIGNATURE OF FONERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY CVach/Rosedale Funeral Home 1211 Chesaco Ave.									
	DALLAS I	X. LOV	14	121	ch/Roseda l Chesaco	ale Fu Ave.	neral	. Home	5	
	23. PART i. Enter the diseases, or c	omplications that caus	sed the death. Do	121	l Chesaco	Ave.				Approximate
	23. PART i. Enter the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	omplications that caus list only one cause on	sed the death. Do	121	l Chesaco	Ave.				Approximate Interval Betwee Onset and Deal
Z	shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	let only one cause on	sed the death. Do	not enter the m	l Chesaco	Ave.				interval Betwee
CATION	shock, or heart failure. I	DUE TO (OR AS	each line.	not enter the m	l Chesaco	Ave.				interval Betwee
ERTIFICATION	shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	S A CONSEQUENCE	not enter the mo	l Chesaco	Ave.				interval Betwee
ICAL CERTIFICATION	shock, or heart failure. I	DUE TO (OR AS	S A CONSEQUENCE S A CONSEQUENCE S A CONSEQUENCE	not enter the mo	1 Chesaco	Ave.	CAL WAS AN PERFOR	AUTOPSY MED?	est,	interval Betwee Onset and Deal
MEDICAL	shock, or heart failure. In the shock, or heart failure. It is	DUE TO (OR AS	S A CONSEQUENCE S A CONSEQUENCE S A CONSEQUENCE	not enter the mo	1 Chesaco	Ave.	ac or respi	AUTOPSY MED?	est,	interval Betwee Onset and Deal
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32 AEGISTRAD'S SIGNATURE
JUNIA DAVIDSON-RANDOLL

31. DATE FILE (NOV 2 6 1991

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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	MPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitled at once.
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REGIS	TRAR		CI	ERTIFIC	ATE C	F DEATI	H	REG. NO),		
1. DECEDENT	'S NAME (First, Middle, Last)			1				DATE OF DEATH	MY	WEAR	3. TIME OF DEATH
1	EON A	1ATSAS						MONTH D	2 10	YEAR	4:46 ×
4. SOCIAL SI	ECURITY NUMBER		AGE (In yrs. las	t birthday) III	UNDER 1 YE	AR IF UNDER 24	HRS. 7.	DATE OF BIRTH		8. BIRTHE	PLACE (State or Foreign
	48 0928 A	1 M 2 D F	89	YRS.	ONTHS DA				1902	Gre	ece
	NAME (If not institution, give significantly of the significant of the	ADVENT	IST /	top "	L CITY, TOY	VIN OR LOCATION	OF DEATH	irK	Mo)	nty of de	mer 4
RESIDEN 10a, STATE	CE OF DECEDENT	,		I 100 CITY I	Z ZOWAN OR LA	CATION				1	10d. INSIDE DITY
Mary		ince George's Takoma Park								LIMITS?	
S	506 N N N 14							zen of w	HAT COUNTRY?		
The state of		12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 THE SECOND IF YES GIVE WAR OR DATES			II yes		Maxican, P	ORIGIN? (Specify Ya Puarto Rican, atc.)			
	15. DECEDENT'S EDU	DECEDENT'S EDUCATION			UAL OCCUI			16b. KIND OF BU	ISINESS/INI	DUSTRY	White
Elements 17. FATHER'S	(Specify only highest grade completed) Itary/Secondary (0-12) College (1-4 or 5 +) 1 Vear			Do NOT use r	etired.)	g most of working		Nationa	1 Bar	k of	Greece
17. FATHER'S	NAME (First, Middle, Last)				_	18. MOTHE	R'S NAME	(First, Middle, Maider	Sumama)		
Nahu	m Matsas							legrin			
190 INFORM	ANT'S NAME (Type/Print)		19	b. MAILING AI	ODRESS (Sh			te Number, City or Tox	wn, State 7k	p Code)	
	tta Feldman							Bethesd		-	nd 20817
			4								
1X Buriel	a. METHOD OF DISPOSITION Buriel 2 Cremation 3 Removal from State Condition City or Town, other place) Condition City or Town, other place) King David Memorial Garden Falls Church,										
21. SIGNATU	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY STEIN HEBREW MEMORIAL FUNERAL HOME, In										
1 0	Yonald (.	Xtotte	larry	vz-							GTON, D.C.
Sequentisi if any, leac cause. Ent CAUSE (D) that initiat	ly list conditions, sling to immedista er UNDERLYING sease or injury	DUE TO (OR DUE TO (OR	AS A CONSE	QUENCE OF):	1000	anche		(n fa	10 %	ray	8 445
resulting i	n death) LAST	d									
PART II. O	ther algnificant condition	na contributing to da	ath but not	resulting in	tha under	lying cause gi	ven in Pa		PRMED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIDR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CAS	E REFERRED TO MEDICAL	1			2	8, PLACE OF DE	ATH (Check	only one)			
EXAMINI		HOSPITAL:	3/Ourboatlant 1		THER:			Other (Specify)			
27. MANNER	OF DEATH irel 5 Pending	28a. DATE OF INJ (Month, Day,	IURY	28b. TIME (OF 260	INJURY AT WORK?	21	8d. DESCRIBE HOW	INJURY O	CURED	
3 Suk	2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJUDENTIFY Dutilding, atc. (5			ome, farm, str	et, factory,	offica	2	261. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
29a. CERTIFI (Check cone)) and manner as stated.
29b. SIGNAT	OF CERTIFIE	1 Lan		NI	>	29c. LICE	SE NUMBER	37	29d. DA	TE SIGNED	(Month, Day, Year)
60		NCA	. 7	600	rint)	42201	LA	lue Ta	Born	P	Med
31. DATE FIL	DV 26 1991	J 32 PERSONANS						/9/			

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3. TIME OF DEATH

2. DATE OF DEATH MONTH

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TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hypiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	093-16-505	7	1 № M 2 □ F	85	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Da	ly, Year)	6	8. BIRTHE Country	NACE (State or Foreign
TOR	9a. FACILITY NAME (# not if UNION ME. RESIDENCE OF DE	MORIAL	treet and number) HOSPITAL					OR LOCATI					NTY OF DE	ATN
DIRECTOR	10e. STATE	10b. COUNT	Y		BALITIMORE							10d. INSIDE CITY LIMITS?		
FUNERAL	100. STREET AND NUMBER		.				10	zip codi 21	230			10g. CITI	USA	HAT COUNTRY?
3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify:									pecify Yas n, etc.)	as or No— 14. RACE — American Indian, Black, White, etc. Specify: White				
COMPLETED		ly highest grade		/G	ive kind of	work done	CCUPATION TO THE COUNTY OF THE	DN ost of workin	ng	18b. KIN	D OF BUSI	INESS/INC	DUSTRY	
MPL	/		College (14 br 5+)	We	elde:	:						.eher	Stee	el
ш	17. FATNER'S NAME (First, A Casimir No							18. MOTI		ME (First, Middl Tianna				
TO B	19a. INFORMANT'S NAME (Teresa Cost	191	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6998 Beachmont Dr. Sykesville, MD 21784											
	20e. METNOD OF DISPOSIT	on 3 Ram	oval from Stata	20b. PLACE A cemetery, cre-	MDDATE	OF DISPOS	ITION/N	ame of	11	DATE -25-9			City or Tow	
	21. SIGNATURE OF FUNERA		EMSEE	Wey	Joan	22.	Vac	ND ADDRES	ss of FAC	e Fune				, 1417
CERTIFICATION	23. PART i. Enter the dahock, or himmediate CAUSE (Fill disease or condition resulting in death) Sequentially list condit if any, leeding to immediate. Enter UNDERLY CAUSE (Disease or injurted initiated events resulting in death) LAS	ilons, diete ing	B. AS DUE TO (O	PILA RAS A CONSEC REBR RAS A CONSEC	Dn gach line.								Approximete Intervel Between Onset end Deeth	
CIAN: MEDICAL	PART II. Other eignifice	BE	s contributing to de	MECC	F TU	in the un	derlying 7	PE	given in I	Part I. 24a	WAS AN A PERFORM	ED?		VERE AUTOPSY FINDINGS WAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
SICIA	25. WAS CASE REFERRED T EXAMINER? 1 YES 2 NO	O MEDICAL	HØSPITAL:			OTHER		ACE OF DI	EATH (Che	ck only one)				
РНУ	27. MANNER OF DEATH	Pending Investigation	1 Inpatient 2 E 28a. DATE OF IN. (Month, Day,	JURY	28b. TIM		28c. INJ	URY AT		8 Other (Sp. 28d. DESCRIE		JURY OCC	CURED	
TED BY	3 Sulcide 8	Could not be datermined	28a. PLACE OF II building, atc	NJURY — At her (Specify)	na, farm, s	Hreet, fact	ory, offic			281. LOCATION	N (Street an wn, State)	d Number	or Rural Ro	ute Number,
COMPLET	29a. CERTIFIER (Check only one) 2 MEDI	TIFYING PHYSIC	CIAN: To the best of my	knowledge, der	nth occurre	n, in my o	me, data pinion, d	and place,	and due t	to the cause(a) and mann place, and	er as state	ed. a cause(a) (and manner as stated.
TO BE C	29b. SHEMPLIRE AND TITLE	Co	Wall	an V	w			29c, LICE	NSE NUMI	BER 136		29d. DATE	SIGNED (A	Aonth, Day, Year)
	BRIAN	WA	LLACE,	mo	30	Print)	E.	33	No	ST.	BA	TU	More	MD 2/2/
	NOV 2		Guna Dav	SIGNATURE	ndell	W.				,				

MORNING H. BUCHAFE. II TO STORY H.

ASTICATION PRICES OF PARTIES AND SET LA PROPERTY AND SET LA PROPER

DIAMETER PRELITAR TYPE II

Since Conditional Delies In Jasign

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICAL

REGISTRAR		C	ERTIF	ICATE	OF DE	ATH	MEN		. NO.			7	
1. DECEDENT'S NAME (First, Middle, Las	t)							E OF DEA	ATH			3. TIME OF DEATH	
Sherman		Ε.		P	atte	son	MON	(IH	18		YEAR	6:25 P	
4. SOCIAL SECURITY NUMBER 213-09-0703	5. SEX	6. AGE (In yrs. la.	st birthday) YRS.	MONTHS D	EAR IF U	DER 24 HRS.	7. DAT (Mo 1-2	oth, Day, V	rH bar)		8. BIRT Coun	HPLACE (State or Foreign (ry) Va	
	98. FACILITY NAME (If not institution, give street and number) 98. CITY, TOWN OR LOCATION OF DEATH 90. COUNTY OF DEATH 1804 Druid Hill Avenue Baltimore											DEATH	
1804 Druid Hi RESIDENCE OF DECEDENT 10a. STATE 10b. COU				timore								10d. INSIDE CITY	
10e. STREET AND NUMBER	100. STREET AND NUMBER 1804 Druid Hill Avenue					ODE 7				t0g. CIT	IZEN OF	1 N YES 2 NO WHAT COUNTRY?	
11. MARITAL STATUS 1 X Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? t) IF YES, GIVE W	YES 2 1	RMED	If y	DECENDEN December Dec	T OF HISP	can, Puarte	ilN? (Spec o Rican, at	Ify Yes	or No-	14. RAC Blac	14. RACE — American Indian, Black, White, atc. Specify: Black	
15. DECEDENT'S EI (Specify only highest gra Elamentary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)	DUCATION de completed) 1 College (1-4 or 5 +	(G	USUAL OCCU work done duri se retired.)	IPATION ing most of we	orking		Sothle				Didoit		
17. FATHER'S NAME (First, Middle, Last)													
Vall V. Patterson											- 0-41		
Jacquetta Robinson									100				
t X Burial 2 Cramation 3 Re 4 Donation 5 Other (Specify)	Garrison Forest Veteran Cem 112691 Owings M								Mills, Md				
21. SIGNATURE OF FUNERAL SERVICE Karen Ma		Love	-	22. NAI	arch F/	h West	acility t ash Av	anı ıa					
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immadiate cause. Enter UNDERLYING	disease or condition resulting in death) a. THENSCUSPORTU CO ROLOVAS CHUMM DIGMS DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
CAUSE (Disease or Injury that Initiated events resulting in death) LAST	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):												
PART II. Other algorificant condition	ona contributing to e	death but not r	aaulting	in the unda	lying caus	e givan ir		WARE	RFORM ES 2	100		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				6. PLACE OF	DEATH (C	heck only o	one)					
1 X YES 2 NO	1 Inpetient 2 [OTHER:		Residenca	a 🗆 Oth	er (Specify	1)				
1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF 1 (Month, Da	y, Year)	28b. TIM INJ	URY	WORK?	□ NO	28d. DE	ESCRIBE H	IOW IN	JURY OC	CURED		
3 Suicida 6 Could not be 4 Homicide determined	28a. PLACE OF building, a	INJURY — At ho tc. (Specify)	me, ferm, s	street, factory,	offica		28f. LO C/h	CATION (S	State)	d Number	or Rural I	Route Number,	
	SICIAN: To the beat of n											i) and manner as stated.	
29b. SIGNATURE AND TITLE OF CERTIFI						ICENSE NU						(Month, Day, Year)	
munite m	Mull				0.	C.M.	E.			1	1 1	9 1991	
130. NAME AND ABDRESS OF PERSON W	· 16son	1						imo	re	Mar	v]a	nd 21201	
31. DATE FILED (Month, Day, Year) NOV 26 1991		'S SIGNATURE											



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	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH												
	CONSTAN	wicz				11/25/91			1355				
	4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs. Ia:	-	IF UNDER 1 YEA		R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 10-12-	1022	8. BIRTHPLACE (State or Foreign Country) MC .		
	99. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH St. Agnes Hospital RESIDENCE OF DECEDENT 190. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH											EATH	
5		_							¥	_			
DIRECTOR	Md Baltimore 10c. CITY, TOWN OR LOCATION Catonsville											10d. INSIDE CITY LIMITS? 1 YES 2 A NO	
ERAL	5929 Cec		∍.			101. ZIP COL	228		10g. CITIZEN OF WHAT COUNTRY?				
BY FUNI	11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Di		12. WAS DECEDED FORCES? IF YES, GIVE	RMED NO	If yes		en, Mexice	IIC ORIGIN? (Specify 'n, Puarto Ricen, etc.)					
ETED	(Specify o	ECEDENT'S ED	UCATION le completed)	16e. Di	ECEDENT'S U	JSUAL OCCUP ork done during retired.)	ATION most of work	ing	16b. KIND OF E	USINESS/IN			
COMPLE	Elementary/Secondery (4-12) College (1-4 or 5+) Assembly Worker Westinghouse												
ш	Amelia Kuc									,			
TO B	190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 907 Arunah Ave. Balto., Md 21228												
	206. METHOD OF DISPOSITION (X) Burtel 2 Crametion 3 Removal from State 4 Donetion 5 Other (Specify) 206. PLACE AND DATE DF DISPOSITION (Name of cemetary, crematory or other place) Loudon Park Cemetery 11-20 Baltimore City												
	21. SIGNATURE OF FUNE	AL SERVICE L	ICEMSEE //	cles M	100 <<	Ste	erlin	g-As	shton Fu son Ave.	nera	1 Hc	me, Inc	
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition reculting in deeth) Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reculting in daeth) LAST Onset and De A VIEST A VIEST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
- 1	PART II. Other significent conditions contributing to death but not resulting						in the underlying cause given in P			AN AUTOPSY	24	24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO	
: MEDICAL	PREUM-OLDE COMPLETION OF CAN AMILIABLE PRIOR TO COMPLETION OF CAN OF DEATH? 1 YES 2 NO 1 YES 2 NO												
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:												
SIC	1 YES 2 NO		HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHER:	Home 5 🗆 I	Reeldence	8 Other (Specify)				
YP	7	Pending Investigation		DE INJURY Day, Year)	28b. TIMI	URY	INJURY AT WORK?	□ NO	28d. DEŞCRIBE HO	W INJURY O	CCURED		
TED B	2 Accident Investigation 3 Suicide S Could not be determined Suicide S									Route Number,			
COMPLET	one)								to the cause(e) end time, date end piece			e) end menner es sta	
TO BE C	29b. SIGNATURE AND TIT	ceun	181	redu	hiv	MD.	29c. Li	CENSE NU	MBER	29d. DA		(Month, Day, Year)	
F	A . SHAMS	OF PERSON V	DEH ML	USE OF DEATH (IT	EM 27) (Type,	Print) OEN	CHOIC	E	Lane. B.	Utem	ire.	Md 2/22	
	31. DATE FILED (Month, Da	ay, Year) 6 1991	30. REGISTA	PAR'S SIGNATURE	nde Be								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

ician. al-transit permit. Pages 1, 2, 3 should

FUNERAL DIRECTOR

BY

COMPLETED

BE

2

IMMEDIATE CAUSE (Final disease or condition resulting in death)

Sequantially list conditions,

if any, leading to immediate cause, Enter UNDERLYING

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within this after death. Page 6 may be retained by the hospital or attending physician.

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within this fact for death. Page 6 may be retained by the hospital or attending phys	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burn	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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PHYSICIAN: MEDICAL CERTIFICATION

BY

COMPLETED

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FOR	STATE OF M	IARYLAND / D	EPART	MENT (F HE	ALTH	AND I	MENTAL HYGIEN		31	3246	7
REGISTRAR				CATE				REG. NO	_			
1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH		WEAR	3. TIME OF DEATH	
Ethel Pohl	Ethel Pohl							MONTH 11 DAY 24 91			11:03	ам
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest bir	rthday)	IF UNDER 1 Y	EAR	F UNDER	24 HRS.	7. DATE OF BIRTH		8. BIRTI	HPLACE (State or Foreig	ın
216-09-8191	1 M 2 K F	92	YRS.	DNTHS D	AYS H	OURS	MIN.	(Month, Day, Year) 10-12-9	9	Count	aryland	
9a. FACILITY NAME (If not Institution, give s	treet and number)		- 1	Db. CITY, TO	OWN OR	LOCATIO	ON OF DI	EATH	9c. COU	NTY OF D	DEATH	
Fairhaven					Syk	est	/i1:	Le	C	arro	011	
RESIDENCE OF DECEDENT			1						_			
10a. STATE 10b. COUNT	Υ	1	Oc. CITY,	TOWN OR	LOCATIO	N					10d. INSIDE CITY	
Maryland Ca	rrol1		Syl	kesv	i11	е					1 YES 2 THO	
10e. STREET AND NUMBER					10f. Z	P CODE			10g. CIT	IZEN OF	WHAT COUNTRY?	
7200 Third Ave	nue,				1	21	784			U.S.	.A.	
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. ARME	0	If y		fy Cubs		NIC ORIGIN? (Specify Yearin, Puerto Rican, etc.)	or No	Blac	E - American Indian, ck, White, atc.	
15. DECEDENT'S EOU (Specify only highest grade				SUAL OCCI		of workin	a	16b. KIND OF BU	SINESS/IN	OUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5 +)	NOT use	,								
12		Sten	ogra	apher	M			MacLea	n Co.			
17. FATHER'S NAME (First, Middle, Last)					1	6. MOTI	HER'S NA	ME (First, Middle, Maiden	Surname)			
Frederick Tou	chton			Frances E. McCarthy								
19e. INFORMANT'S NAME (Type/Print)		19b. N	IAILING A	DDRESS (S	treet and	Number	or Rural	Route Number, City or Tox	rn, State, Zi	p Code)		
Morton Huber		P.	O.Bo	x#12	34,	Jam	est	own, N.C.2	7282			
20a. METHOD OF DISPOSITION 1		TION (Name	of cemet	егу, сгел	natory or	20c. LC	CATION -	City or T	lown, Stata			
4 Donation 5 Other (Specify)	Iovai from Stata	Loudon		rk Cemetery 11/27/91 Balto., Md.								
21. SIGNATURE OF FUNERAL SERVICE LI	1.1	M		22. NA Ru 10	me and ck 1 50 Y	ork	son l	Funeral Ho.	Md.	2120		
23. PART i. Entar the diseases, or	complications the	t caused tha death	n. Do no	t entar th	a moda	of dy	ng, suc	h as cardiac or reap	iratory a	reat,	Approximata	1

CAUSE (Diseasa or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO 1 YES 2 NO

DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

advanced

25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER:

Nursing Homa 5 Residence 6 Other (Specify) 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DEȘCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be detarmined 4 Homicide

likely ucute myocardial intarction

Alzheimer's dementia

134406

29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER

MUMD 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

ahock, or haart failure. List only one cause on each line.

Richmond P. Allan, MD Liberty Rd 1645 MD Elderss

32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year)

NOV 2

11/24/51

interval Between Onset and Death

20 mins

many years

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

4	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIENE
1	REGISTRAR	CERTIFICATE OF DEATH		REG. NO.
1	DECEDENT'S NAME (First Middle Last)	, , , , , , , , , , , , , , , , , , , ,	2 DATE O	E DEATH

1. DECEDENT'S NAME (First, Middle, Last	11		,	IOATI	_ 01	DLA		A DATE OF DEATH				
the state of the s	N. PUSL	OSKIE	ADX.					NOVEMBER 22,1991			3. TIME OF DEATH 5:45 A	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	ast birthday)	IF UNDER	_	IF UNDER		7 DATE OF BIRTH		8. BIRT	HPLACE (State or Foreign	
214-44-7765	1 M 2XXF	77	YRS.	MONTHS	DAYS	HOURE	MIN.	JULY 23,	1914	914 MARYLAND		
9e. FACILITY NAME (If not institution when		9b, CIEP TOWN OR LOCATION OF			ON OF DI				TY OF DEATH			
									HARFORD			
RESIDENCE OF DECEDENT	AL HOSPIT	AL		· FALLSTON					lit	HARFURD		
10e. STATE 10b. COUN	ATE 10b. COUNTY 10c. C										10d. INSIDE CITY LIMITS?	
MARYLAND HAI	RFORD			JOPP	A						1 YES 2 NO	
10e. STREET AND NUMBER	STREET AND NUMBER					f. ZIP COD	E		10g. CI	10g. CITIZEN OF WHAT COUNTRY?		
822 FERGUSON RO	822 FERGUSON ROAD					210	85			U.S.	٨	
II. MARITAL STATUS	MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMI							NIC ORIGIN? (Specify	Yee or No.—	-	E — American Indian.	
Never Merried 2 Merried	FORCES?	YES 2X	NO		If yes, sp		n, Mexica	in, Puerto Rican, atc.)		Spec	k, White, etc.	
15. DECEDENT'S ED	DUCATION	16a. I	DECEDENT'S	USUAL O	CCUPATI	ON		16b. KIND OF	BUSINESS/II	NDUSTRY	***************************************	
(Specify only highest grade Elementary/Secondary (0-12)	de completed) College (1-4 or 5		(Give kind of ife. Do NOT u	work done ise retired.)	during me	ost of workli	ng					
NA	NA	+)	HOME	MAKEI	R				OWN H	OME		
7. FATHER'S NAME (First, Middle, Last)	IVA					18 MOT	HEB'S NA	ME (First, Middle, Maid				
WALTER PHELPS								SE FOSTER				
			401-14-11	0.480000	0.404	1				W. O. 11		
90. INFORMANT'S NAME (Type/Print) RUTH KOZUB (DA	TICITED \							Route Number, City or				
	AUGHTER)						E, E	DGEWOOD,			21040	
Og. METHOD OF DISPOSITION X Buriel 2 Cremation 3 Re	moval from State	20b. PLAC	CE AND DAT	V or other	POSITION place)	N (Name			LOCATION -			
□ Donetion 5 □ Other (Specify)		HOLI	ry, cremator LY HI						ALTIM	ORE,	MARYLAND	
1. SIGNATURE OF FUNERAL SERVICE	TICENBEE					ND ADDRE			-			
1/20	1-1	J#			O TOE	MUNE	TD	NERAL HOM	ES, I	NC.		
23. PART i. Enter the diseases, D			45 - 14 - 19 -					ROAD, BAL			Approximete	
resulting in deeth)	DUE TO	O (OR AS A CONS	SEQUENCE C			C	le	te's				
Sequentially list conditions, If eny, leeding to immediate	DUE TO	DUE TO (OR AS A CONSEQUENCE OF): Chrinic Reval Facilities										
CAUSE (Diseese or injury	c				e 1	Ch	al	toulle	1			
that initieted events	DUE TO	O (DR AS A CONS	EOUENCE C	OF):		11	10	/				
resulting in deeth) LAST	d	1	rock	elle	0	ner	Ku	res,				
PART II. Other significent conditi	Dae contributing t	n death but on	t requision	In the tr	nderlyir	an cause	alven la	Part I 24a MMS	AN AUTOPS	v 24	b. WERE AUTOPSY FINDI	
TATT II. Ottor significant conditi		D Geedii Dat IID	Crosuiting	ill tile ti	ilderiyii	ig ceuse	given in	PER	FORMED?	2"	AVAILABLE PRIDE TO	
								1 YES	2 1-NO		COMPLETION OF CAUS DF DEATH?	
								_			1 TYES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	110					PLACE OF I	DEATH (C	heck only one)				
1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHE		me 5 🗆 R	esidence	6 Other (Specify)				
27. MANNER OF DEATH	28e. DATE C	F INJURY	26b. TII	ME OF	28c. IN	JURY AT		28d. DESCRIBE HO	W INJURY C	CCURED		
14 Natural 5 Pending		Day, Year)	IN	IJURY M		ORK? YES 2 [NO					
2 Accident Investigation 3 Suicide Could not be	28e, PLACE	OF INJURY — At	home, farm.	atreet, fee				28f, LOCATION (Str	set and Numi	ber or Rum	Route Number	
4 Homicide 8 Could not be determined		, etc. (Specify)						City or Town, S				
On Continue 1							_			_		
anni	YSICIAN: To the best of										(e) end menner ee atate	
			12.57									
296. SIGNATURE AND TITLE OF CERTIF		une)	1.711		29c. LIC	ENSE NU	MBER	29d. D		D (Mogth, Day, Year)	
11000)				11.4	1/2	191	
30. NAME AND ADDRESS OF PERSON			TEM 27) (Typ	oe, Print)	-	-						
KINDICEN V	KOWAKOS	usker	in	9	1-	77	NIN	14710 57	- 13	621	1R, MD DR	
31. DATE FILED (Month, Day, Year)	32. REGISTI	RAR'S SIGNATURE		1300								
2 G WOLL	4004	S. James	-	HELES.								

STORY THE PARTY OF
	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC	MENT OF HE	ALTH AND	MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last Fred F. Paolino					2. DATE OF DEATN		3. TIME OF DEATN 4:00 A M	
	4. SOCIAL SECURITY NUMBER 216-50-3356	1X M 2 F	43 YRS.	IONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Xear) OCt. 13,	6. BIRT	NPLACE (State or Foreign try)	
TOR	98. FACILITY NAME (If not institution, give 67 Chapeltown (96. CITY, TOWN OR Ba.	ltimore		9c. COUNTY OF Balti		
DIRECTOR	Maryland 10b. COUN			TOWN OR LOCATION				10d. INSIDE CITY LIMITS? t YES 2 X NO	
FUNERAL	67 Chapeltown C				21236		U.S.	WHAT COUNTRY? A.	
BY	11. MARITAL STATUS Seperate 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	N U.S. ARMED	Il yea, spec	IDENT OF NISPA Ify Cuban, Maxic XNO Speci	NIC ORIGIN? (Specify Yas an, Puarto Rican, atc.) ify:	n or No — 14. RAC Blac Spec	E — American Indian, k, Whita, etc.	
COMPLETED	15. DECEDENT'S EO (Specify only highest grace Elementary/Secondary (0-12)	UCATION de completed) College (1-4 or 5 +) NA	16a. DECEDENT'S US (Give kind of wor life. Do NOT use i Disable	rk done during most retired.)	of working	18b. KIND OF BUS	SINESS/INDUSTRY		
Ш	17. FATNER'S NAME (First, Middle, Last) Fred. F. Paolin		DISADIE			AME (First, Middle, Maiden M. Carr	Surname)		
TO B	Harding O. Carr		67 Cha	apeltown	Circle	, Baltimore		1236	
	209. METNOD OF DISPOSITION 1 Å Burlal 2 Cremation 3 Rer 4 Donation 5 Other (Specify)	noval from Stale	PLACE AND DATE OF	Mer Ceme	etery	Ba	cation — city or to ltimore,		
	21. SIGNATURE OF FUNERAL SERVICE LICEUSE 22. NAME AND ADDRESS OF FACILITY Schimunek Funeral Homes, Inc. 9705 Belair Road, Baltimore, Md. 21236								
CERTIFICATION	23. PART I. Enter the diseases, or shock, or heart failure important in the disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. UNC DUE TO (OR AS A DUE TO (OR AS A	consequence of:			th as cardiac or raspi	ratory arrest,	Approximate interval Batween Onast and Death	
MEDICAL	PART II. Other algnificant condition	ns contributing to death b	ut not resulting in	the underlying o	ause givan in	Part I. 24a. WAS AN PERFOR 1 TYES 2	MED?	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DICAL 1							
ву РНУ	27. MANNER OF DEATN t Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 1NJURY AT 1NJU				28d. DESCRIBE NOW INJURY OCCURED			
	3 Suicide 8 Could not be 4 Nomicide datarmined	26a. PLACE OF INJURY — At home, larm, street, factory, office building, stc. (Specify)						Route Number,	
COMPLETE	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYS 2 MEDICAL EXAMIN	ER: On the best of my knowless.	edga, daath occurred a and/or investigation, i	at the time, data an in my opinion, dast	d place, and due	to the cause(s) and man	ner as stated, d due to the cause(s	and manner as stated,	
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON WI	mon	TN (TEM 27) (Some for	l,	A d T	MBER 16722	DATE SIGNED	(Month, Day, Year)	
	David Spector M. 31. DATE FILED (Month, Day, Year)	D., Francis 32. REGISTRAR'S SIGN.	Scott Key	,4940 Ea	stern	Ave., Balt:	imore, Mo	1. 21224	

	24 HOURS
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VIAL PECONDS, F.O. DON SOLO	he law requires that the death certificate be executed within 2
5	death
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-	PHYSICIAN
1000	ATTENDING PHYSICIAN
	OR

SICIAN: THE TAW REQUIRES THAT THE UPDATE COLUMNATE OF STREET OF THE UPDATE. BY THE TOPPER OF THE TOP	rificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should he State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
THE SPITAL OR ALLENDING PHYSICIAN: THE ISW requires that the usari	INERAL DIRECTOR: After this certion in 72 hours after death with the	tem 28 is marked, o	

21/-13-33/ 0/1911/32470 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

PARTISM, PAVIO Counces, Joan

	1 - FOR STATE REGISTRAR	STATE OF MARYLAI	ND / DEPARTM			MENTAL HYGIE REG. N	NE	CHAL
	1. DECEDENT'S NAME (First, Middle, Last)	Parcish				2. DATE OF DEATH		3. TIME OF DEATH 1:54 A M
	4. SOCIAL SECURITY NUMBER 216-12-3929	1 M 2 D F	8 YRS. MOI	YRS. MONTHS DAYS HOURS MIN. (Month			of BIRTHPLACE (State or Foreign Country) 8. BIRTHPLACE (State or Foreign Country) MARYLAND	
TOR	98. FACILITY NAME (If not institution, give so FG//S+GN C-E RESIDENCE OF DECEDENT	mercal and number)	tosp. 90	Fall.	S toh	MD.	9c. COUNTY	ir ford.
FUNERAL DIRECTOR		10b. COUNTY		10c. CITY, TOWN OR LOCATION BALTIMORE				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
ERAL	100. STREET AND NUMBER 8708	LACKAWANNA A	AVENUE	101.	21234		100	SA
ВУ	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 7 YES IF YES, GIVE WAR OR DATE	2 NO		city Cuben, Mexica	IIC ORIGIN? (Specify \n, Puerto Rican, atc.)	ea or No— 14	RACE — American Indian, Black, White, etc. Specify: WHITE
LETED	15. DECEDENT'S EDU- (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	6a. DECEDENT'S USU (Give kind of work life. Do NOT use re	done during mos		16b, KIND OF B	USINESS/INDUS	TRY
COMPLET	3RD 17. FATHER'S NAME (First, Middle, Last)		PLUMBER		18. MOTHER'S NA	ME (First, Middle, Maide	en Surname)	
TO BE	ROBERT LEE 19a. INFORMANT'S NAME (Type/Print)	PARRISH	19b. MAILING AD	DRESS (Street a	nd Number or Rural I	UNKNOWN Route Number, City or To	own, State, Zip Co	ode)
	FITZABETH PARR 20a. METHOD OF DISPOSITION 1 Graph Burial 2 Cremation 3 Ram	20b. I	8708 PLACE AND DATE OF metary, crematory or comments.	DISPOSITION		DATE 20c. 1	O., MD.	
	4 der Donation 5 □ Other (Specify) □ 21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE Aut	STATE V	A. A	AN SEIT	Z, JR. FU	NERAL H	FOREST, MD. IOME MD. 21211
CERTIFICATION	23. PART i. Enter the diseases, or enock, or heert fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	a. DUE TO (OR AS A C	CONSEQUENCE OF):			CAN CE		t, Approximate interval Between Onset and Deeth
PHYSICIAN: MEDICAL CI	PART II. Other eignificent condition	METAS TAS	t not resulting in t	ha undarlying] Ceuse given in		AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (Ch	eck only one) 6 Other (Specify)		
	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJ		28d. DESCRIBE HOV	V INJURY OCCU	RED
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	At home, farm, stre	nome, farm, street, factory, office 281. LOC			OCATION (Street and Number or Rural Route Number, ity or Yown, State)		
COMPLET	CONDUCTORING D	ICIAN: To the best of my knowle						
BE	254. SIGNATURE AND TITLE OF CUSTOME	noon.	Y .		29c. LICENSE NU	MBER	29d. DATE 5	SIGNED (Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WE	O COMPLETEO CAUSE OF DEAT	TH WELL 27 (Type, Pr	STON	AR M	30 270	147	
	31. DATE FILED (Month, Day, Year) 1. SEGISTEAR'S SIGNATURE Who I and I will build an handless							

DT 198 19 11 9 11 9 21 7 11 MAY SE 1891 FELTINE PARE

1991 9:30 P.

NOVEMBER 21,

7. DATE OF BIRTH (Month, Day, Year

3. TIME OF DEATH

MABEL

5. SEX

IF UNDER 1 YEAR IF UNDER 24 HRS.

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6. AGE (In yrs. last birthday)

BALTIMORE, MARYLAND 21215-0020

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IV THE MOSFIAL DRIVENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be de-	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MINDOCTANT IS the month of the
_	王	file	IDC
5	2	e	3

(Month, Day, Year) NOV. 21,1892 DAYS HOURS 1 M 2 XXF 216-09-3637 99 YRS. MARYLAND 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR CATONSVILLE COMMUNITY CONV. CENTER CATONSVILLE BALTIMORE RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND BALTIMORE CATONSVILLE 1 YES 2XXNO FUNERAL 10e, STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 604 OLESMONT ROAD 21228 U.S.A. hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried If yes, specify Cuben, Mexicen, Puerto Ricen, etc.) IF YES, GIVE WAR OR DATES 1 TES 2 XXNO Specity BY 3 Widowed 4 Divorced Specity. ached for use as the WHITE 16e. DECEDENT'S USUAL OCCUPATION

'Graph kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade compl 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during life. Do NOT use retired.) Elementery/Secondery (0-12) College (1-4 or 5+) 6 HOUSEWIFE OWN HOME 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) OLIVER ROBINSON notified at MARY TUCKER BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 OLIVER PILOT (SON) 604 OLESMONT ROAD, CATONSVILLE, MARYLAND 21228 9 20e. METHOD OF DISPOSITION
XX Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must WOODLAWN CEMETERY Donetion 5 Other (Specify) 11/26/91 WOODLAWN, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES 131 1630 EDMONDSON AVENUE, CATONSVILLE, MD. 21228 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final Oneat and Death a L disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Lesto CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF). if any, leading to immediate Cause, Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24e. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL 1 YES 2 NO OTHER: □ Inpetient 2 □ ER/Outpetient 3 □ DOA 4 Nursing Ho me 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 26e. DATE OF INJURY 26b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 3 Sulcide 28e. PLACE OF INJURY — At home, ferm, streef, factory, office building, etc. (Specify) ED 6 Could not be 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide COMPLET 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To fhe best of my knowledge, death occurred at the films, date end piece, end due to the ceuse(s) end menner es stated. 2 MEDICAL EXAMINER: On the besis of exemination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the ceuse(s) end menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 111-27-91 nema 000 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) LAURENCE GALLAGER M.D. 3455 WILKENS AVENUE SUITE 300 BALTIMORE, MD. 21229 31. DATE FILED (MONEY PORT) 32. REGISTRAR'S SIGNATURE

	FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPART	MENT OF HEALTH AN		91 32472		
	1. DECEDENT'S NAME (First, Middle, Last) Mildsed	Rhode		AIL OF BEATH	REG. NO. 2. DATE OF DEATH MONTH DAY	YEAR 2. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 2/8-/8-/325	1 🗆 M 2 版 F	66 YAS. "	F LINDER 1 YEAR	13/9/24	A. BIRTHPLACE (State or Foreign County) MARYLAND		
ECTOR	A SUPA RUCKLY HOSPIN BALTIMORE BALTIMORE BE COUNTY OF DEATH BE							
DIR	MARYLAND 10a. STREET AND NUMBER		10d. INSIDE CITY LIMITS? 1 1 YES 2 NO					
FUNERAL	2940 HUNTING	DON AVENUE		101. ZIP CODE 212	The state of the s	USA		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	13. WAS DECENDENT OF HIS If yes, specify Cuban, Ma 1 YES 2 NO So		9- 14. RACE — American Indian, Bleck, White, atc. Specify: WHTTE		
once.	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 9TH	CATION completed) College (1-4 or 5 +)	18a. DECEDENT'S US (Give kind of wor life. Do NOT use n	done during most of working attred.)	18b. KIND OF BUSINESS			
examiner must be notified at once. TO BE COM	17. FATHER'S NAME (First, Middle, Last) UNKNOWN	NAME (First, Middle, Meiden Surnen UNKNOWN	ne)					
10	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Pouts Number, City or Town, State, Zip Code)							
De la	NORMAN RHODES 2940 HUNTINGDON AVENUE, BALTO., MD. 21211 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE OF LOCATION — City of Town, State							
SAE	cemetery, cremetory or other place) CREST LAWN MEMORIAL GDNS 11/25/91 MARRIOTTSVILLE, MD.							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE A. ALAN SEITZ, JR. FUNERAL HOME 3818 ROLAND AVENUE, BALTO., MD. 21211							
r, the medical	23. PART i. Enter the diseases, proshock, prheart failure. IMMEDIATE CAUSE (Final disease promotelling in death)	complications that cause List Dnly Dne cause on e	d the death. Do not each line.	enter the mode of dying, a	ruch as cardiac or respiratory	/ arrest, Approximate interval Between Onset and Death		
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):	c preast netanta	with	1986		
MEDICAL CE	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. CANNONS OF UNG. 1 YES 2 NO							
SZ	25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF DEATH	Check only one)			
YSICI/	EXAMINER?	HOSPITAL: 1 Inpatiant 2 ER/Outp		THER: Nursing Home 5 Realdence	. / 1/1	501161		
BY PHY	### Accident Pending Investigation	26a. DATE OF INJURY (Month, Day, Year)	Couned					
ED S	6 Could not be datarmined	28a. PLACE OF INJURY building, atc. (Spec	— At home, farm, street cify)	it, factory, offica	28f. LOCATION (Street end Nur. City or Town, State)	nber or Rural Route Number,		
E COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC DESCRIPTION 2 MEDICAL EXAMINED	CIAN: To the best of my know R: On the basis of examination	ledge, death occurred a n and/or investigation, is	t the time, date and pleca, and d i my opinion, death occured at t	lus to the cause(s) and manner as ha time, data and place, and due t	stated. to the cause(a) and manner as stated.		
TO BE	296 AIGHAIGHE AND TITLE OF CERTIFIES	aine, 1	10-	2013	10/2 P	22 NOV 91		

TENSE DEDINERATION OF THE PARTY
* of NOV 26 1991

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	ked, or item 23 shows any injury, or other traumatic event, the medical examiner must be in	
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	1 - FOR STATE REGISTRAR Item: 23 r		ND / DEPARTME	NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEL		
	1. DECEDENT'S NAME (First, Middle, Last)	Ј.	RA	INEY	2. DATE OF DEATH	DAY 199 TE	3. TIME OF DEATH 5:06 P
	4. SOCIAL SECURITY NUMBER 2/7-33 - /853 90. FACILITY NAME (If not institution, give s	1 🗆 M 2 🕞 F	YRS. MONTH	DER 1 YEAR IF UNDER 24 HRS. IS DAYS HOURS MIN. ITY, TOWN OR LOCATION OF I	7. DATE OF BIRTH (Month, Day, Year) 8-22 DEATH	9c. COUNTY	OF DEATH
СТОН	632 BAKER S	TREET		BALTIMORE	CITY		
AAL DIRECTOR	10e. STATE 10b. COUNT	v	10c. CITY, TOW	N OR LOCATION TOOLOGE 101. ZIP CODE		10g. CITIZEN	10d. INSIDE CITY LIMITS? 1 PTES 2 NO OF WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 1 YES	2 ANO	13. WAS DECENDENT OF HISP/ If yes, specify Cuben, Mexic 1 VES 2 DNO Specify	en, Puerto Ricen, etc.)		RACE — American Indian, Black, White, etc. Specify:
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondery (0-12)		16e. DECEDENT'S USUAL (Give kind of work do life. Do NOT use retige	ne during most of working	16b. KIND OF BU	JSINESS/INDUST	RY
TO BE COI	19 FATHER'S HAME (FINE MOSTIL LIKE)	Rainey	19b. MAILING ADDRI	18. MOTHER'S N	AME (First, Middle, Maide) Noute Namber, City or To	No., State, Kip Coo	700
	20a METHOD OF DISCOURTION 1 District 2 Crementon 3 Rem 4 Oceanity 5 Other (Specify)	oval from State come	PLACE AND DATE OF DISP	OSITION (Worker) SHOULD COM- NAME AND ADDRESS OF B	10/19 30c LI	CATION - CRY	Co mod
	Hosepho	L. Russ		Joseph F	VOITH AL	re. BA	15.m121216
	23. PART I. Enter the diseases, prospective. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Sudden I Failure to	nfant Deut		ch as cardisc or resp	piratory srrest,	Approximsta Interval Between Onset and Death
RIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events sesulting in death) LAST						
CAL CE	PART II. Other significant condition Maternal Drug	d. is contributing to death bu Abuse	t not resulting in the	underlying cause given in	Pert I. 24e. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТН	26. PLACE OF DEATH (C	heck only one)		
BY PHYSICIAN: MEDI	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	1 Inpatient 2 ER/Outpa 28e. DATE OF INJURYOF (Month, Day, Year) 11-21-91	Nent 3 DOA 4 N	8 Other (Specify) 26d. DESCRIBE HOW INJURY OCCURED Unknown			
E	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, stc. (Specifi	ectory, office	ory, office 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 632 Baker St. Balto. MD			
COMPLETED	MEDICAL EXAMINE	CIAN: To the best of my knowle R: On the best of examination			e to the ceuse(s) end me	nner se ateted.	
IO BE	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE OF SEA	(ITEM 27) (Type, Print)	29c. LICENSE NU		29d. DATE SIG	NED (Month, Day, Year) 22 1991
	MARIO F. GOLL 31. DATE FILED (Molyn, Day, Year)	52. REGISTRAR'S SIGNA		STREET BA	LTIMORE,	MARYLA	ND 21201

LA CALADA

VIRGINIA

9c. COUNTY OF DEATH

3. TIME OF DEATH

12:07 AM M

2. DATE OF DEATH DAY 23

1928

7. DATE DF BIRTH (Month, Day, Year)

03 01

ALVIN

228-28-9153

4. SOCIAL SECURITY NUMBER

9a. FACILITY NAME (If not institution, give street and number)

RUDOLPH

1 M 2 F

5. SEX

6. AGE (In yrs. last birthday)

63

WILKERSON, JR

IF UNDER 1 YEAR IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DIRE	MD ANNE ARUNDEL LINTHICUM						10d. INSIDE CIT		
									1 TYES 2 K
FUNERAL	100. STREET AND NUMBER 510 SUDBURY ROAD				10f. ZIP CODE			10g. CITIZEN OF WHAT COUNTRY?	
JNE	510 SUDBURY ROAD 11. MARITAL STATUS 12. WAS DECEDENT EV			VED IN HE ADMED	21090			U.S.A.	
D BY FL	1 Never Married 2 3 Widowed 4 Di		FORCES? 1 WAR WWII	YES 2 NO	If yes	DECENDENT OF HISP, , specify Cuben, Mexic YES 2 X NO Speci	ANIC ORIGIN? (Specify) can, Puarto Rican, etc.) bify:	fea or No- 1	6. RACE — American Ind Bleck, White, atc. Specify: WHITE
ETEC	15. DECEDENT'S EDUCATION (Specify only highest grade completed)		(Give kind	18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)			16b. KIND OF BUSINESS/INDUSTRY		
	Elementary/Secondary	(0-12)	College (1-4 or 5+)				GIANT	FOOD	
COMPL	12 NONE 17. FATHER'S NAME (First, Middle, Last)				SUPERVISOR G				
ш	ALVIN RUDOI	LPH WI	LKERSON, SR		MARGARET			nr Sarrame)	WEBB
0 8	19a, INFORMANT'S NAME (Type/Print)			19b. MAILING ADDRESS (Street and Number or Rural Route No				own, State, Zip Ci	
F	LOIS F. WILKERSON			510 SUDBURY ROAD, LINTHICU				21090)
	20a. METHOD OF DISPOSITION 1 Burlet 2 Cremetton 3 Removal from State		20b. PLACE AND DA		(Name of	DATE 20c. L	OCATION — CIT	y or Town, State	
	4 Donation 5 X Otto			LOUDON F	PARK CEMI		11-27 B	ALTIMO	RE, MD
		no 12-1	0,0	1. /		AND ADDRESS OF F	NERAL HOME		
	23. PART I. Enter the	MCK.	OBU	son	1 SI	ECOND AVE	. S.W. GLE	N BURN	IE, MD 2106
ATION	Sequentially list conditions if sny, leading to immossue. Enter UNDERLY	ediate	b	AS A CONSEQUENCE		na L	NIPARE	TON	
CAL CERTIFICATION	Sequentially list condi	Itiona, ediate YING jury	b	AS A CONSEQUENCE	E OF):		n Part I. 24a. WAS A	N AUTOPSY PRIMEO?	24b. WERE AUTOPSY F
MEDICAL	Sequentially list condi if sny, leading to immosuse. Enter UNDERLY CAUSE (Disesse or inj that initiated events resulting in death) LA:	Itiona, ediate YING jury	b	AS A CONSEQUENCE	E OF):		n Part I. 24a. WAS A	N AUTOPSY PRMED?	
MEDICAL	Sequentially list condification, leading to immosuse. Enter UNDERLY CAUSE (Disease or injuried that initiated events resulting in death) LA: PART II. Other algnifications are algnification.	itiona, ediate ying jury ST	bDUE TO (OR cDUE TO (OR d	AS A CONSEQUENCE	E OF): E OF): ng in the underly		1 Part I. 24a. WAS A PERFC 1 YES	N AUTOPSY PRMED?	24b. WERE AUTOPSY FI AWAILABLE PRIOR COMPLETION OF C OF DEATH?
SICIAN: MEDICAL	Sequentially list condiff sny, leading to immosuse. Enter UNDERLY CAUSE (Disease or injustrat initiated events resulting in death) LA: PART II. Other algnifications of the conditions of the c	itiona, ediate ying jury ST	DUE TO (OR c. DUE TO (OR d	AS A CONSEQUENCE	E OF): E OF): Ing in the underly 26. OTHER:	ing cause given in	1 Part I. 24a. WAS A PERFC 1 TYES	N AUTOPSY PRMED?	24b. WERE AUTOPSY FI AWAILABLE PRIOR COMPLETION OF C OF DEATH?
PHYSICIAN: MEDICAL	Sequentially list condifications, leading to immicause. Enter UNDERLY CAUSE (Disease or injusted events resulting in death) LA: PART II. Other algnifications of the conditions of the conditio	itiona, ediate ying jury ST	b. DUE TO (OR c. DUE TO (OR d	AS A CONSEQUENCE AS A CONSEQUENCE Sth but not resulting Woutpatient 3 DO/ URY 28b.	26. A 4 Nursing H TIME OF INJURY M 1	PLACE OF DEATH (Come 5 Residence NJURY AT WORK? YES 2 ND	1 Part I. 24a. WAS A PERFC 1 TYES	N AUTOPSY PRMED? 2 NO	24b. WERE AUTOPSY FI AWAILABLE PRIOR COMPLETION OF (OF DEATH? 1 YES 2 I
ED BY PHYSICIAN: MEDICAL	Sequentially list condi if sny, leading to immesuse. Enter UNDERLY CAUSE (Disesse or injustrat initiated events resulting in death) LA: PART II. Other algnific 25. WAS CASE REFERDED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5 Accident 2 Accident	Itiona, ediate ying jury ST Cant condition TO MEDICAL	DUE TO (OR C. DUE TO (OR d	AS A CONSEQUENCE AS A CONSEQUENCE Sth but not resulting Woutpatient 3 DO/ URY 28b.	26. A 4 Nursing H TIME OF INJURY M 1	PLACE OF DEATH (Come 5 Residence NJURY AT WORK? YES 2 ND	1 Part I. 24s. WAS A PERFC 1 YES heck only one)	N AUTOPSY DRMED? 2 NO INJURY OCCUR	24b. WERE AUTOPSY FI AVAILABLE PRIOR COMPLETION OF CO OF DEATH? 1 YES 2 1
ETED BY PHYSICIAN: MEDICAL	Sequentially list condiff sny, leading to Immosuse. Enter UNDERLY CAUSE (Disesse or Injury that Initiated events resulting in death) LATE PART II. Other algniffer EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 OR ACIDENT SUICIDE 8 OR	Pending Investigation Could not be determined	DUE TO (OR c. DUE TO (OR d. DUE TO	AS A CONSEQUENCE AS A CONSEQUENCE Sth but not resulting Woutpatient 3 DO/ URY 28b. JURY — At home, ferr (Specify) knowledge, death occ	26. OTHER: 4 Nursing H TIME OF 28c. INJURY M 1 Im, street, factory, of	PLACE OF DEATH (C) ome 5 Residence INJURY AT WORK? YES 2 ND steend place, and du	Part I. 24a. WAS A PERFC 1 YES 1 YES 8 Other (Specify) 28d. DESCRIBE HOW City or Town, State to the cause(a) and mi	IN AUTOPSY DRMED? 2 NO INJURY OCCUR (and Number or)	24b, WERE AUTOPSY FI AWAILABLE PRIOR COMPLETION OF C OF DEATH? 1 YES 2 I
E COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list condiff sny, leading to Immosuse. Enter UNDERLY CAUSE (Disesse or Injury that Initiated events resulting in death) LATE PART II. Other algniffer EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 OR ACIDENT SUICIDE 8 OR	Pending Investigation Could not be determined	DUE TO (OR c. DUE TO (OR d. DUE TO	AS A CONSEQUENCE AS A CONSEQUENCE Sth but not resulting Woutpatient 3 DO/ URY 28b. JURY — At home, ferr (Specify) knowledge, death occ	26. OTHER: 4 Nursing H TIME OF 28c. INJURY M 1 Im, street, factory, of	PLACE OF DEATH (C) ome 5 Residence INJURY AT WORK? YES 2 ND steend place, and du	heck only one) S Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State) e to the cause(a) and mag a time, date end place, a	N AUTOPSY DRMED? 2 NO INJURY OCCUR t and Number or e) soner as stated.	24b, WERE AUTOPSY FI AWAILABLE PRIOR COMPLETION OF C OF DEATH? 1 YES 2 I
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list condifications, leading to immicause. Enter UNDERLY CAUSE (Disease or injust initiated events resulting in death) LAID PART II. Other algnifications are algument of the conditions of the condi	Ritiona, ediate VING jury ST sant condition To MEDICAL Pending investigation Could not be determined TIFYING PHYS DICAL EXAMIN	DUE TO (OR c. DUE TO (OR d. DUE TO	AS A CONSEQUENCE AS A CONSEQUENCE Sth but not resulting Woutpatiant 3 DO/ URY 28b, bar) 28b, UURY — At home, ferr (Specify) knowledge, death occuration end/or investige	26. OTHER: A 4 Nursing H TIME OF INJURY M I m, street, factory, of urred at the time, d atton, in my opinion	PLACE OF DEATH (C) ome 5 Residence INJURY AT WORK? YES 2 ND flice ste and place, and du , death occured at the	heck only one) S Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State) e to the cause(a) and mag a time, date end place, a	N AUTOPSY DRMED? 2 NO INJURY OCCUR t and Number or e) soner as stated.	24b, WERE AUTOPSY FI AWAILABLE PRIOR COMPLETION OF C OF DEATH? 1 YES 2 I
E COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list condification, leading to Immicause. Enter UNDERLY CAUSE (Disease or Injury that initiated events resulting in death) LA: PART II. Other algnification in the initiated events resulting in death) LA: 25. WAS CASE REFERDED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 No 27. MANNER OF DEATH 29 Accident 3 Suicide 8 4 Homicide 29 CERTIFIER (Check only one) MEE	Pending Investigation Could not be determined	DUE TO (OR c. DUE TO (OR d. DUE TO	AS A CONSEQUENCE AS A CONSEQUENCE Sth but not resulting Woutpatient 3 DO/ URY 28b. Ser) URY 28b. Whowledge, death occuration end/or investign F DEATH (ITEM 27) (7) CAMP ME	26. OTHER: A 4 Nursing H TIME OF INJURY M 1 L m, street, factory, of attention, in my opinion was Print)	PLACE OF DEATH (Come 5 Residence NUMBER AT WORK? YES 2 ND title ND with the set and place, and due, death occured at the set of	heck only one) S Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State et o the cause(a) and mis atlms, date end place, a	IN AUTOPSY PRIMED? 2 NO INJURY OCCUR and Number or anner as stated. and due to the c	24b. WERE AUTOPSY FIAMILIABLE PRIOR COMPLETION OF COMPLETION OF COF DEATH? 1 YES 2 1 RED Real Route Number, Buse(e) and menner as si

NUV 26 1991 Stanford Property

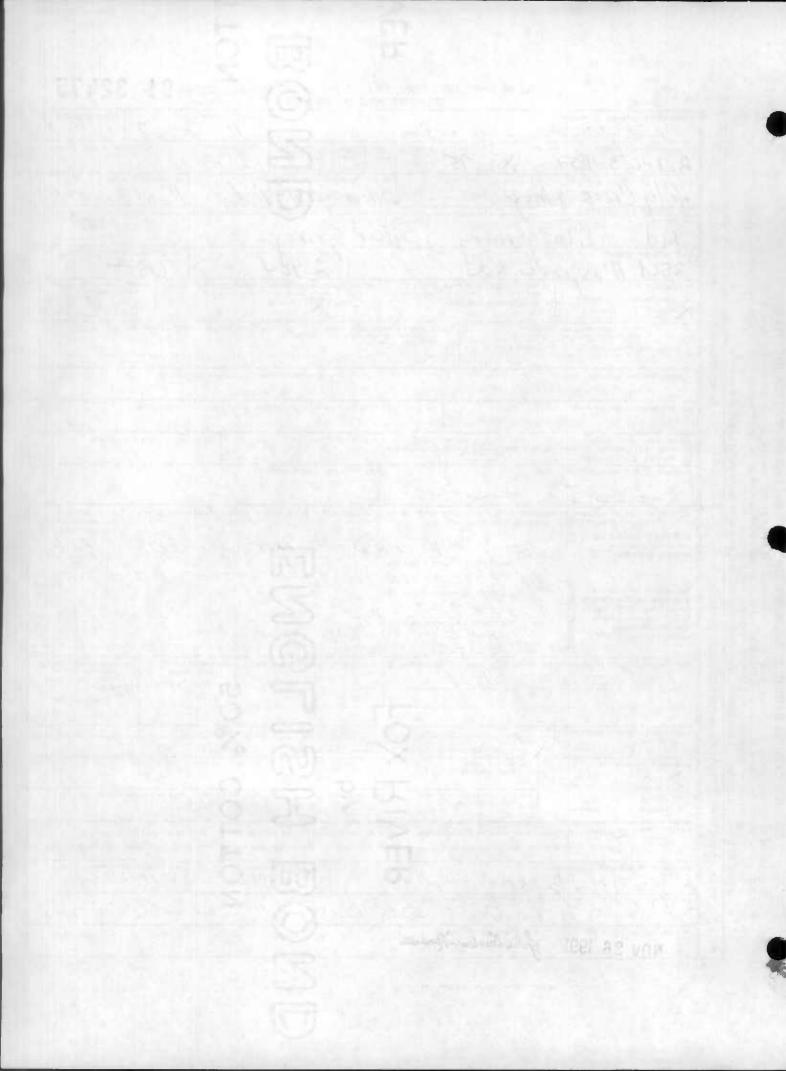
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-flours after death. Page 6 may be retained by the nospital or attending physician.

TO THE FINERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

32475 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		ENTAL HYGIEN REG. NO.	E 9 !	32475
	1. DECEDENT'S NAME (First, Middle, Las	A SOM	CR5			2. DATE OF DEATH DA	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 217-03-485.	_	n yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Co	ATHPLACE (State or Foreign unity) entucky
JR.	90. FACILITY NAME (If not institution, give	street and number)	6	Silver	R LOCATION OF DEA	md	Mont	GONERU
DIRECTOR	100. STATE 10b. COUNT		10c. CLTY	, TOWN OR LOCAT	ION			10d. INSIDE CITY
	M d VII	ontgonery	01	Iver 5	ZIP CODE		40a CITIZEN C	YES 2 NO
FUNERAL	2501 Musgi	rove Rd		7	20984		US	A
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 _ YES IF YES, GIVE WAR OR DA	2 X NO	If yee, spe	ENDENT OF HISPANIC ocity Cupen, Mexicen, 2 NO Specify:		or No— 14. R	ACE — American Indian, leck, White, etc.
TED	15. DECEDENT'S El (Specify only highest gra	ade completed)	16e. DECEDENT'S (Give kind of w	USUAL OCCUPATION CONTROL OCCUPAT	ON st of working	16b. KIND OF BUS	SINESS/INDUSTR	٧
COMPLETED	Elementary/Secondary (0-12) 0-12	College (1-4 or 5+) 1-4			entitive	Federal	Gov't.	
	17. FATHER'S NAME (First, Middle, Last) Claude Fairhurs	+				E (First, Middle, Malden	Surname)	
BE	190. INFORMANT'S NAME (Typo/Print)		19b. MAILING	ADDRESS (Street e		Chomson oute Number, City or Tow	n, State, Zip Code,	,
5	Raymond E. Some	rs	160	04 Feath	er Woods	Silver S	oring.	Md_ 20904
	20e. METHOD OF DISPOSITION 1 Burlet 2 Cremation 3 Re 4 Donetion 5 Other (Specify)	emoval from State of c	emetary, crematory	or other place)			CATION — City o	r Town, State
	21. SIGNATURE OF FUNERAL SERVICE	LIGHNEE	Darchiole	22. NAME AN	ID ADDRESS OF FAC	ILITY		- Marylano
	1003	Le.	2.			cal Home, I		7
	23. PART i. Enter the dieeeeea, part shock, or heert failur	or complications that caused re. List only one cause on e						Approximete interval Between
	iMMEDIATE CAUSE (Finei disease or condition rasulting in death)	. ACUTE 1	N YO CH	TR DIA	~ IN	FARCT	101	Onset and Death
,		- b. ARTEN 10	CONSEQUENCE OF	POTIC	CARDIO	VASQU.	lan a	15 YEARS
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF	F):				10
FIC	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF): ETES MECLITUS					"
ERT	resulting in death) LAST	a DIABL	FTES	5 M.C	57117	U5		*/
. 1	PART ii. Other eignificent condit		1	in the underlyin	g cause given in F	Part i. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
DIC	FRACTUR	RED HI	<i>F</i>			1 D YES	NO	COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL						-60		1 NES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI	ACE OF DEATH (Che	ck only one)		
IYSI	1 VES 2 NO	1 Inpatient 2 ER/Outp	patient 3 DOA	4 - Nursing Hon	ne 5 - Reeldence	8 Other (Specify) 26d, DESCRIBE HOW	IN HIBY OCCUBE	D
BY PH	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	M 1 🗆	PRK? YES 2 NO	70		
ED	3 Suicide 6 Could not 4 Homicide determined		' — At home, ferm, : cify)	street, factory, offic	•	281. LOCATION (Street City or Town, State		iral Route Number,
COMPLET	one)	IYSICIAN: To the best of my know						ise(e) end menner ee stated.
BE	296. SIGNATURE AND TITLE OF CERTIF	J. SHAPIR	0, M.T.),	DIDZ	BER 42	29d. DATE SIG	NED (Month, Day, Year) 25/9/
10	10. NAME AND ADDRESS OF PERSON,	WHO COMPLETED CAUSE OF DE		Print) 25 PO	oks Hil	1 Road	Beth	Mel 20814
	NOV 26 1991	Filia Davidson	- Mandall					



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIFI	TMENT OF	HEALTH AND	MENTAL HYGIE		O	2410			
	1. DECEDENT'S NAME (First, Middle, Last) D avid		SPELLMAN			2. DATE OF DEATH		gen i	3. TIME OF DEATH 3:05 P M			
	4. SOCIAL SECURITY NUMBER 216-18-3907	1 <u>XX</u> M 2 □ F	(In yrs. last birthday) 75 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yeer)	1916	B. BIRTHPI Country) Mary	LACE (State or Foreign			
TOR	9a. FACILITY NAME (If not institution, give si Franklin Square RESIDENCE OF DECEDENT			Baltim	OR LOCATION OF D	PEATH	Balt					
FUNERAL DIRECTOR	Maryland 10b. COUNTY		toc. CITY	Baltimo					10d. INSIDE CITY LIMITS?			
NERAL	100. STREET AND NUMBER 5411 Walther Blv			10	21214				IAT COUNTRY?			
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 Tyes IF YES, GIVE WAR OR I	2 X NO	If yea, ap	ENDENT OF HISPA ecity Cuban, Maxic XX NO Speci	NIC ORIGIN? (Specify) an, Puarto Rican, atc.) fy:	isa or No— 1	I4. RACE - Black, Specify:	- American Indian, White, aic. White			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elamentary/Secondary (0-12) College (1-4 or 5 +) 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY											
MPL	NA	NA	Secur	rity Gua	ard	Rock	land E	stat	es			
ပ္ပ	17. FATHER'S NAME (First, Middle, Last) Charles Spellman					AME (First, Middle, Meide			1,11			
BE	19a. INFORMANT'S NAME (Type/Print)		405 2444 010			se Benesch						
5	Edna Stewart (Fri	end)				Route Number, City or To						
	20a. METHOD OF DISPOSITION \(\frac{\text{X}}{\text{X}}\) Burial 2 \(\text{Cremetton 3} \) Remote A \(\text{Donatton 5} \) Other (Specify)	201	PLACE AND DATE O	E DISPOSITION /A/	con Ave., Baltimore, Md. 21221 OSITION (Name of DATE 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — M.J.							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
	· Eugere)	Schimunek Funeral Homes, Inc. 3331 Brehms Lane, Baltimore Md										
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Due To (OR AS A CONSEQUENCE OF):											
ATION	Sequentially list conditions, if any, leading to immadiate ceuse. Enter UNDERLYING		CONSEQUENCE OF									
CERTIFICATION	CAUSE (Diseese or Injury that initieted events	Post Whipp DUE TO (OR AS A Post Draina	CONSEQUENCE OF		atic Abo	ess						
PHYSICIAN: MEDICAL	PART II. Other significent conditions	s contributing to death b	out not resulting In	the underlying	cauee given in		N AUTOPSY PRMED? 2 X NO	CI	ERE AUTOPSY FINDINGS VAILABLE PRIOR TO DIMPLETION OF CAUSE F DEATH? YES 2 NO			
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	eck only one)						
IXSI	1 TYES 2 NO	inpatiant 2 - ER/Out		OTHER: Numing Hom	5 🗆 Realdence	6 Other (Specify)						
	27. MANNER OF DEATH X Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY WO	RK?	28d. DESCRIBE HOW	INJURY OCCUP	RED				
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide datarmined	28a. PLACE OF INJURY building, etc. (Spec	— At home, term, atr	mat, fectory, office		281. LOCATION (Street City or Town, State	end Number or	Rural Rou	te Number,			
COMPLETED	29a. CERTIFIER (Check only one) t CERTIFYING PHYSIC 2 MEDICAL EXAMINER	CIAN: To the beat of my know	ladge, daath occurred	at the time, date	and piece, and due	to the cause(a) and ma	inner as stated.					
EC	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUR							
TO BE	30. NAME AND ADDRESS OF PERSON WHO	LOMPLETED CALLES OF DE	House Su	gean	D210	26	N 41	25/	onth, Day, Yeer)			
	Z. Lahiji, M.I	D. 123	2 Race Ro	ad Sui		Baltimore	, MD	2123	7			
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 18 19 1 Julie Deviden Rondall											

1	-	STATE	AF
	_		

	1 - STATE REGISTRAR	SIAIE UF I	MARYLAND /	RTIF	ICAT	I UF F E OF	DEAT	AND TH	MENTA	AL HYGIEN REG. NO				
3	1. DECEDENT'S NAME (First, Middle, Last) Robert B. Sutto								2. OAT	F OF DEATH		YEAR	3. TIME OF DEATH	
-3		-							Nov	. 22, ^D	1 991	TEAR	1:15 A M	
	4. SOCIAL SECURITY NUMBER 217-03-7436	5. SEX 1 X M 2 F	6. AGE (In yrs. last	birthday) YRS.	IF UNDER	DAYS	HOURS	24 HRS.	7. DATE (Mon	of BIRTH	914	Country	PLACE (State or Foreign	
	9a. FACILITY NAME (If not institution, give				9b. CITY	, TOWN	OR LOCATION	ON OF DI				NTY OF DI		
DIRECTOR	Union Memorial	Hospital		Baltimore										
EC	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Υ		10c. CIT	10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY		
DIR	Maryland			Baltimore							LIMITS?			
AL	10a. STREET AND NUMBER					101	. ZIP CODI	E			10g. CITI	IZEN OF W	YHAT COUNTRY?	
IER	627 Melville Av	e.					21	218					S. A.	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2XX Married 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. ARN YES 2 X NO WAR OR DATES	MED		If yea, sp-	ENOENT O	n, Maxica	in, Puarto	N? (Specify Yer Rican, atc.)	or No-	14. RACE Black Specif	- American Indian, . White, atc. y: White	
	15. DECEDENT'S EDU (Specify only highest grade	USUAL O	CCUPATIO	ON		181	b. KIND OF BU	SINESS/IND	USTRY	WHILE				
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) NA College (1-4 or 5 +) NA College (1-4 or 5 +) Surveyor Self-Empl											-Emp1	oyed	
00	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Fthel Roysen													
BE	Bellet Bowell													
9	Dorothy W. Sutton (Wife) 196. MAILING ADDRESS (Street and Number or Bural Route Number, City or Town, State, Zip Code) 627 Melville Ave., Baltimore, Md. 21218													
	20s. METHOD OF DISPOSITION 1 Burlel XX Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetory or other place) DATE 20c. LOCATION — City or Tow												vn, Steta	
	Metro Crematory Inc. Baltimore.												Md.	
	22. NAME AND ADDRESS OF FACILITY Schimunek Funeral Homes, Inc. 3331 Brehms Lane, Baltimore, Md. 21213 23. PART I. Enter the diseases, or completelors that coused the deeth. Do not enter the mode of dying, such secardiec or respiratory arrest, Approximate													
	23. PART I. Enter the diseases, or	complications that	coused the dee	th. Do n									Approximate	
	shock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Fine) disease or condition													
	disease or condition resulting in deeth) a. Clabeline a disease DUE TO (OR AS A CONSEQUENCE OF):												>540	
	DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	Sequentially list conditione, If any, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF):													
CAT	If any, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or Injury													
E	thet initiated events resulting in death) LAST	DUE TO	OR AS A CONSEOL	JENCE OF):									
ER	resulting in death) LAS1	d												
	PART II. Other eignificant condition	s contributing to	death but not re-	eulting i	n the un	derlying	cause q	Iven In	Pert I.	24a. WAS AN	AUTOPSY	24h	WERE AUTOPSY FINDINGS	
DICAL		ancer								PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
ME	Sensio									1 TYES 2	TIMO		OF DEATH?	
ä													I LES 2 DANG	
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF DE	ATH (Che	ick only or	10)				
YSI	1 YES 2 NO	1 Department 2	ER/Outpetlent 3	DOA	OTHER 4 Nurs		5 🗆 Rai	Idenca	6 Othe	r (Specify)				
	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF (Month, Da	INJURY y. Year)	28b. TIME INJU		28c, INJU			28d. DES	SCRIBE HOW II	JURY OCC	URED		
B	2 Accident Investigation	M 1 TYES 2 NO 28a. PLACE OF INJURY — At homa, farm, street, factory, office 28f. LOCATION (Street and Number or Ru												
ETED	3 Suicide 8 Could not be detarmined	building,	ite. (Specify)	a, rarm, a	treet, facto	ory, offica			28f. LOC City	ATION (Street a or Town, State)	nd Number	or Rural Ro	ute Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE	CIAN: To the best of ax	my knowledge, deat	h occurre	d at the ti	me, deta	and place,	and dua	to the cau	and place, and	ner as state	ed.	and manner as stated	
	29b. SIGNATURE AND TITLE OF CERTIFIER						29c. LICE			,			Month, Day, Year)	
O BE	3 m news						D	79	DI	1	DATE /	1-3	2 - 9 /	
유	30. NAME AND ADDRESS OF PERSON WHI						0	1	-			/ 4	~ //	
	Mary Newman M. D.			, Ba	1tim	ore,	Md.	212	202					
	31. DATE FILED (Month, Day, Year) 2 6 32 REGISTRAR'S SIGNATURE													

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.

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S SOCIAL SECURITY NUMBER 2 50-07-5395 1	1. DECEDENT'S NAME (FIR	SL Middle, Lest)	RD	R.	9	TUI	1		2. OATE MONT	OF OEATH	av 2	9 I	3. TIME OF DEATH 3:10 PM	
Second S								-	(Mont)	OF BIRTH		8. BIRTI- Counti	PLACE (State or Foreign	
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1. PRETIGHT CONDUCTOR B & O RATLROAD 1. RATTHER'S NAME (Pist, Models, Asia) CHARLES E, STULL 1. MOTHER'S NAME (Pist, Models, Mesiche Summers) ROXANNA ROSE 1. MOTHER'S NAME (Pist, Models, Mesiche Summers) 1. MOTHER'S NAME (Pist, Mesiche Summers) 1. MOTHER'S NAME (Pist, Mesiche Summers) 1. MOTHER'S NAME (Pis	15. DE (Specify or	(Give kind of	work done during	TION most of worki	ina	16b	. KIND OF BUS	SINESS/IND	USTRY					
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21. SIGNATURE OF FUNERAL SERVICE LICENSEE LEROY M'R RUSSELL C WITZKE FUNERAL HOME 1630 EDMONDSON AVE CATONSVILLE, MD 21228 22. MART I. Enjar the diseases, or complications that cause on each line. IMMEDIATE CAUSE (Finel diseases, or complications that cause on each line. IMMEDIATE CAUSE (Cause Cause Cause on each line.) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CON	20a. METHOD OF DISPOSITION W. X. Burlel 2 Cremetion 3 Removed from State 20b. PLACE AND DATE OF DISPOSITION (Name of													
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27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Se. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY AT WORK? 2 Accident 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, tarm, street, factory, office 28c. INJURY AT WORK? 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, tarm, street, factory, office 28c. InJURY — At home, tarm, street, factory, office	IMMEDIATE CAUSE (FI disease or condition resulting in death) Sequentielly list condit if any, leading to immediate. Enter UNDERLY CAUSE (Disease or injusted initiated events reculting in death) LAS	tions, didete ling ury ST	e. PIZO DUE TO b. DUE TO c. DUE TO d. Se contributing to	OR AS A CON	ISEQUENCE OF	1630 not enter the second first the seco	EDMON node of dy	DSON Ing, such	AVE	CATON flac or reeple 24a. WAS AN. PERFOR	AUTOPSY MED?	LE, I	MD 21228 Approximate Intervel Betwee Onset and De Onset	
1 Netural 5 Pending Investigation 2 Accident 3 Subcide 8 Could not be determined 2. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: Dn the beals of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and menner as stated. 29b. SIGNATORE AND TITLE-OF CERTIFIER 29b. SIGNATORE AND TITLE-OF CERTIFIER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month) Day, Year)	IMMEDIATE CAUSE (FI disease or condition resulting in death) Sequentielly list condition from the cause. Enter UNDERLY CAUSE (Disease or injusted initiated events resulting in death) LAS PART II. Other eignifications of the cause of the	tions, didete ling ury ST	e. PIZCO DUE TO b. DUE TO d. DUE TO d. HIS CONTRIBUTING TO HOSPITAL:	(OR AS A CON	SEQUENCE OF	I 630 ANCE F): In the underly CANCE CANCE F):	EDMON node of dy	DSON Ne glven in	AVE	CATON dlac or reepli	AUTOPSY MED?	LE, I	MD 21228 Approximate intervel Betwee Onset and De Onset	
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	IMMEDIATE CAUSE (FI disease or condition resulting in death) Sequentielly list condition resulting in death) Sequentielly list condition resulting in death) Cause. Enter UNDERLY CAUSE (Disease or injusted initiated events resulting in death) LAS PART II. Other eignification in the initiated events resulting in death) LAS 25. WAS CASE REFERRED TEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 CET AND Suicide 8 Condition in the initiated events resulting in the initia	ent condition The product of the pr	e. DUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpetiant 2 28e. DATE OF (Month, D.) 28e. PLACE O building,	(OR AS A CON (OR AS A CON (OR AS A CON (OR AS A CON ER/Outpetient INJURY ay, Year) FINJURY — At etc. (Specify)	SEQUENCE OF SEQUEN	I 630 not enter the interest factory, of at the time, determined at the time.	EDMON node of dy node	given in	Part I. Part I. 28d. DES 26t, LOC. City of	CATON dlac or reepli 24a. WAS AN PERFORM 1 YES 2 T (Specify) CRIBE HOW IN ATION (Street as or Town, State)	AUTOPSY MED? NO NUMBER OCCURRENCE OF STREET	24b.	Approximate Interval Betwo Onset and De Onse	
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DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL DR ATTENDING PHYSICIAN: The Is TO THE FUNKERAL DIRECTOR, After this certificate has be filed within 72 hours after death with the State Del IMPORTANT; If Item 28 is marked, or Item 2.

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FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMENT CERTIFICAT			MENTAL HYGIE					
1. DECEDENT'S NAME (First, Middle,	Last)				2. DATE OF DEATH			. TIME OF DEATH		
WilliaM O.	Sunderland				11 :		91	6:40 P M		
4. SOCIAL SECURITY NUMBER			DER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		B. BIRTHPI Country)	ACE (State or Foreign		
216-28-8560 9s. FACILITY NAME (If not institution,	give etreet end number)	56 YRS. MONTH		HOURS MIN.	12 07	1934		Maryland TH		
Joseph Ritchie I	House	Bal	timor	e						
Joseph Ritchie I RESIDENCE OF DECEDEN 10s. STATE 10b. CC Maryland And	ne Arundel	Glen Bu		ON		10d. INSIDE CIT				
	ic rituider	OTCH DO		ZIP CODE		10a CITIZI		TAT COUNTRY?		
Juneberry Way 11. MARITAL STATUS 1 Never Merried 2 Merried	2C 204			21061		U.S.				
11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED			IC ORIGIN? (Specify			- American Indian,		
1 Never Merried 2 Merried 3 Wildowed 4 Divorced	EODOEDO 4 VEC	2 NO	If yes, spe		n, Puerto Rican, etc.)			White, atc.		
15. DECEDENT'S (Specify only highest	S EDUCATION grade completed)	18e. DECEDENT'S USUAL (Give kind of work do	ne durina mos	N t of working	18b. KIND OF	SUSINESS/INDU	ISTRY			
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use retired	d.)	. or working						
Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Le:		Supplere				onery S	uppl	les		
17. FATHER'S NAME (First, Middle, Las					ME (First, Middle, Maid					
Henry J. Sunder				Marie		andy		5-15-		
1911. INFORMANT'S NAME (Type/Print) Pamela Sunder:			19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Juneberry Way 2C 204 Glen Burnie, M.							
1 Buriel 2 Cremation 3	20e. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Mausoleum 20b. PLACE OF OISPOSITION (Name of cemetery, crematory or other place) Holly Hills Baltimore									
21. SIGNATURE OF FUNERAL SERVI	CE LICENSEE			DADDRESS OF FAC	CILITY					
Mark	a. (Lomos	he W	l. Dab	rowski-C	ve. Balt: hojnacki	Funera	al Ch	apel		
Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury that initiated events b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
PART II. Other significant con	ditipne contributing to death	but not resulting in the	underlying	cause given in	PER	AN AUTOPSY FORMEO? 3 2 NO		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDIO	CAL		26. PL	ACE OF DEATH (Ch	eck only one)					
EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Ou		IER: Nursing Hom	5 - Residence	8 Cother (Specify)	Hasain	-			
25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJ		28d. DESCRIBE HO	W INJURY OCC	URED			
		N		ES 2 NO						
3 Suicide a Could n	or be building, etc. (Sp	RY — At home, farm, street, ec/ly)	factory, office		28f. LOCATION (Str. City or Town, St		or Rural Ro	oute Number,		
e const	PHYSICIAN: To the beat of my kno AMINER: On the basic of examinat							end menner ex stated.		
	RTIFIER			29c. LIÇENSE NUI		29d. DATE	SIGNED	(Month, Day, Yeer)		
290. SIGNATURAND TITLE OF	seno wo			033	5740	>	11-2	5-91		
30. NAME AND ADDRESS OF PERSON Melba Be	-	DEATH (ITEM 27) (Type, Print)	1	Bulton	one mi	21	202			
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE			-					
N	OV 2 6 1991	Julia Savidson	gendel	4						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	HEGIOTHAN			0.			01			п	EG. NO.			
	1. DECEDENT'S NAME (First,	Middle, Last)	JOSEP	14	VOPALECKY					2. DATE OF I	DEATH DAY	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMB	IFR .	5. SEX	6. AGE (In yrs. las		IF UNDER	_	IF UNDER	24 MBC	7. DATE OF B	LOTH CONTRACTOR	A BIRTH	PLACE (State or Foreign	
	218-03-821	1	1 📉 M 2 🗌 F	76	YRS.	MONTHS DAYS HOURS MIN. (Month, Day, Year) Country)							"	
œ	9a. FACILITY NAME (If not in 1534 Wil					96. COUNTY OF DEATH ESSEX Baltimore								
2	TOO4 WIT		Ave.			TOOCA						partillore		
DIRECTOR	10a. STATE	10b. COUNTY			10c. CIT	10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY LIMITS?		
	Md.	В	altimore			Essex						1 TYES 2 1 NO		
FUNERAL	10e. STREET AND NUMBER				101, ZIP CODE						10g. CI	HAT COUNTRY?		
PA I	1534 Wi					2122			USA					
BY FU	11. MARITAL STATUS 1 Naver Married 2 3 Naver Married 4 Divo		12. WAS DECEDENT FORCES? 12 IF YES, GIVE W	YES 2 1		H	yes, ap-		n, Maxican	, Puerto Ricar	pecify Yes or No n, atc.)	14. RACE Black Specifi	- American Indien, , White, etc. y: White	
G	15. DECEDENT'S EDUCATION 18a. DECEDI					USUAL OC	CUPATIO	ON		16b. KIN	ID OF BUSINESS/II	IDUSTRY	WILLE	
COMPLET	(Specify only highest grade completed) Elamentery/Secondary (0-12) Collaga (1-4 or 5+) 12th						uring mo	st of workli	ng	Вс	hager T	rash		
O	17. FATHER'S NAME (First, M	liddle, Last)	The Late					16. MOT	HER'S NAN	AE (First, Middl	le, Maiden Surname)			
BEC	Casper Vopalecky								Ani	na Tol	Lanka			
TO B	190. INFORMANT'S NAME (7			19							City or Town, State, 2			
-	Troy Sny				15	34 W:	illi	ams	Ave	BA1	timore 1	vd. 2	1221	
	20a, METHOD OF DISPOSIT Burlal 2 Crematic Donation 5 Other	n 3 🗆 Rem	oval from Stata	20b. PLACE other pi Oak	of dispos Lawn	Ceme	ne of cer eter	metery, crer	natory or		Baltin		wn, stata Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY													
	Manage	me	ConnellyFuneralHome 300MAceAve. 21221											
CERTIFICATION	IMMEDIATE CAUSE (Firdisease or condition resulting in death) Sequentielly liet condit if any, leading to immecause. Enter UNDERLY CAUSE (Disease or Inju	OR AS A CONSE	ouence o	F):	m	Jan	chi	77			Interval Between Onset and Death			
ERTIF	that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d.													
2	PART II. Other significe	ent condition	s contributing to	death but not	reculting	in the un-	deriyin	g ceuse	given in i	Part I. 24	. WAS AN AUTOPS	y 24b.	WERE AUTOPSY FINDINGS	
: MEDICAL	Viabe	tis	mellit	us	PERFORMED? 1 YES 2 NO						AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
AN	25. WAS CASE REFERRED T	O MEDICAL					26. Pi	LACE OF D	EATH (Che	nck only one)				
SIC	1 YES 2 NO		HOSPITAL:	ER/Outpatient :	DOA	OTHER		10 5 XR	ealdence	6 Other (Sc	pecify)			
Y PHYSICIAN:		Pending	28a. DATE OF (Month, D		28b. TIN	_	28c. IN.				BE HOW INJURY O	CCURED		
red BY	2 Accident Investigation 3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Roulding, etc. (Specify)										Route Number,			
COMPLETED	Tonoun only		CIAN: To the best of										and manner ea stated.	
BE	296 SIGNATURE AND TITLE OF CERTIFIER J. C. O. J. Orlovan, M.D. 299 LICENSE NUMBER 290 LICENSE NUMBER 290 LICENSE NUMBER 291 DO 76 3 2													
5	30. NAME AND ADDRESSION	F PERSON WH		SE OF DEATH OTE	M 27) (19)	Print) AL	<	AVE	F.,	BI	1-TO.,	mD.	21222	
31. DATE FILED (MONTH, Day, Year) NOV 26 1991 Julia Davidson-Randale											/			



BALTIMORE, MARYLAND 21215-0020	hours after death, Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should ith the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death, Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fu be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

					IVALI		DEAL	ın		REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH												
	WALTER CA	RROLL WAGI	NER. SR.						NOV.	D	199	YEAR	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la		IF UNDER	R 1 YEAR	IF UNDER	24 HRS	7. DATE OF		199		7:15 A PRINCE (State or Foreign
	219-10-0615	1 📉 M 2 🗆 F	66	YRS.	MONTHS	DAYS	HOURS	MIN.	/Month /	lmr Vinari	025	Count	ry)
	9a. FACILITY NAME (If not institution, gir		- 00		06 0071	TOWAL	DICCO	ON 65.5	NOV.	20,1	925 MARYLAND		
œ	4812 SILVER SP				DATESTACE								
DIRECTOR	RESIDENCE OF DECEDENT				BALTIMORE					B.	ALTI	MORE	
3EC	10e. STATE 10b. COU			10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY	
5	MARYLAND	BALTIMORE										LIMITS?	
7	10e. STREET AND NUMBER			BALTIMORE 10t, ZIP CODE							1 YES 2 XNO		
FUNERAL	4812 SILVER SP				100	2123			10g. CITIZEN OF WNAT				
Ž	11. MARITAL STATUS	T EVER IN U.S. AF	21150	1.0								5.A.	
	1 Never Married 2 Married	IF VEC CIVE WAS OR ALVES					ecify Cuba	n, Maxica	IIC ORIGIN? (Specify Yas an, atc.)	or No-	14. RACI Blac	E — American Indian, k, Whita, atc.
B	3 Widowed 4 Divorced	II		1 YES	2 XNO	Specify	y:			Spec			
ا ۵	15. DECEDENT'S E	DUCATION		ECEDENT'S	USUAL O	COLIDATIO	200		T				MILLIE
COMPLETED	(Specify only highest gri	ade completed)	(0	ive kind of u. Do NOT u.	work done	during mo	st of workin	g	16b. KI	ND OF BUS	INESS/IN	DUSTRY	
ا ت	Elementary/Secondary (0-12) NA	College (1-4 or 5 + NA	.)	FORE					_	T YETTA	TOD (2010	
<u> </u>	17. FATNER'S NAME (First, Middle, Last)	PORI	THIN					LEVA'		JOMP A	ANY		
	WALTER FREDERI						ME (First, Mide		,				
BE			MATILDA GEHRING										
၉	19a. INFORMANT'S NAME (Type/Print)							Route Number,					
	WALTER WAGNER, .	JR. (SON)	1319	SOUT	HWE	LL LA	NE,	BEL A	IR, 1	ARYI	AND	21014
	20a. METNOD OF DISPOSITION 1 Duriet 2 Cremetion 3 Re	emovel from State	20b. PLACE	ANDDATE	OF DISPOS	ITION (Na	me of		DATE	20c. LO	CATION -	City or To	wn, Stata
	4 Donation 5 Other (Specify)		ST.	JOSEI	H'S	PROBECTION (Name of per place) H S CEMETERY DATE 20c. LOCATION — City or Town, State BALTIMORE, MARY						MARYT.AND	
- 1	21. SIGNATURE OF PUMPTAR REPVICE	LICENSEE			22.	NAME AN	D ADDRES	S OF FAC					THE PRINCE
- 1	1/ Tuis	Teris	SCHIMUNEK FUNERAL HOMES, INC. 9705 BELAIR ROAD, BALTIMORE, MD										
CERTIFICATION	IMMEDIATE CAUSE (Fine disease or condition resulting in desth) Sequentleily liet conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in deeth) LAST	OUENCE OF	F):	ما	nge		nes	oll	elu	~	Interval Betweer Oneet end Deetf		
Į	Tooling in destiny Exist	d											
MEDICAL	PART II. Other significant conditions of the second significant conditions of the sec	deeth but not r	ot reculting in the underlying ceuse given in				lven in I		e. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIDE TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
3	25. WAS CASE REFERRED TO MEDICAL					26 01	ACE OF DE	ATN OA					
2	EXAMINER? 1 YES 2 NO			OTHER	R:			eck only one)					
PH TOICIAN:	27. MANNER OF DEATH	1 Inpatiant 2						Idenca	6 Other (S	-			
	1 Natural 5 Pending	28s. DATE OF (Month, Da		28b. TIM	URY	28c. INJ	RK?		28d. DEŞCR	BE NOW IN	JURY OC	CURED	
	2 Accident Investigation				M		ES 2 🗌	NO					
2	3 Suicida 6 Could not b 4 Nomicide detarmined	28a. PLACE OF building, s	home, term, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Yown, State)						loute Number,				
COMPLE	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMI	YSICIAN: To the best of o	my knowledga, da	sth occurre	d at the ti	me, data	and place,	and due	to the cause(s) and man	ner as stat	ad.	
3		nd/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner						and manner as stated.					
296. SIGNATURE AND TITLE OF CERTIFIER						29c. LICENSE NUMBER 29d. DAT						E SIGNED	(Month, Day, Year)
2	12 11. Fr	D26708 >					1	1/2	2/4/				
	30. NAME AND ADDRESS OF PERSON V	VNO COMPLETED CAUS	E OF DEATH (ITE	27) (Type,	Print)	To	50	n	May	2,11	200	1	21204
	31. DATE FILED (Month, Day, Year)	6 1991	R'S SIGNATURE	dian-	Junion	/ - CO		1	11.1	7	AU		Y I Y I Y

	FOR	CTATE OF MAD	VIAND / DEDAM					32482				
	1 - STATE REGISTRAR		YLAND / DEPAR CERTIF	ICATE OF	HEALTH AND N DEATH	MENTAL HYGIE! REG. NO						
	1. DECEDENT'S NAME (First, Middle, Last John N. Wheat	John Norman	n Wheatley	, Sr.		2. DATE OF DEATH	DAY YE	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER	icy bi.	GE (In yrs. last birthday)			11-21-		9:45 P. M				
	215-09-6614	1 🔀 M 2 🗆 F	80 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIFTH (Month, Day, Year) 08-06-191		BIRTHPLACE (State or Foreign Country) Balto. Md.				
E E	9a. FACILITY NAME (If not institution, give				OR LOCATION OF DE		9c. COUNTY OF DEATH					
100	3614 White Aven			Da.	ltimore	City	N/A					
DIRECTOR	Md. N/		10c. CITY		10d. INSIDE CITY LIMITS? 1 X YES 2 NO							
IAL	10e. STREET AND NUMBER				nore City		10g. CITIZEN	OF WHAT COUNTRY?				
FUNERAL	3614 White Ave	Į.	J.S.A.									
BY FUI	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 XXI	ES 2 NO	If yes, sp	CENDENT OF HISPANI ecify Cuban, Maxican 2 NO Specify		s or No — 14.	RACE — American Indien, Black, White, atc. Specify:				
ED	15. DECEDENT'S ED	UCATION	16a. DECEDENT'S	HELIAL OCCUPATI	201			White				
H	(Specify only highest grade	16b. KIND OF BU										
COMPL	17. FATHER'S NAME (First, Middle, Last)		Milkman		18 MOTHED'S NAM	SEALTE SE (First, Middle, Maider	st Dair	<u>-y</u>				
BE C	James T. Wheatle	v			Carrie		Sumame)					
TO B	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Dute Number, City or Toy	vn, State, Zip Coo	le)				
F	Eleanor E. Wheat					timore, M						
	20g. METHOD OF DISPOSITION 143 Burial 2 Cremetion 3 Ref	noval from State	20b. PLACE AND DATE Of	F DISPOSITION (Na	rme of	1	CATION — City					
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L		Loudon Pa	rk Cemet	ery 1	1/25 Bal	timore,	Maryland				
	+ Karll	2 2	1					Belair Road				
	John C. Miller, Inc. Baltimore, Md2120											
	23. PART/I. Ener the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or reepiratory errest, shock, or heart feiture. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Probable session											
ATION												
CERTIFICATION	CAUSE (Disease or Injury that initiated evente resulting in deeth) LAST	a Wide	s acconsequence by	lyn	rphom	a.						
PHYSICIAN: MEDICAL C	PART II. Other significent condition I schemi		but not resulting in	the underlying	ceuse given in P	art I. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
N N	I schem-c	mielas	athy	Vocus	roset 4	TT		1 YES 2 NO				
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		0	26. PL	ACE OF DEATH (Chec	k only one)						
YSIG	1 YES 2 NO	HOSPITAL: 1 Inpatiant 2 ER/O		OTHER: 4 Nursing Hom	5 M Realdence 8	Other (Specify)						
PH	27. MANNER OF DEATH 1 Netural 5 Pending	26a. DATE OF INJUR (Month, Day, Year			URY AT :	28d. DESCRIBE HOW I	NJURY OCCURE	D				
ВУ	2 Accident Investigation				ES 2 NO							
ETED	3 Suicide 8 Could not be detarmined	28e. PLACE OF INJU building, atc. (S)	RY — At home, farm, st pecify)	reet, fectory, office		281. LOCATION (Street in City or Town, State)	and Number or R	ural Route Number,				
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS 2 MEDICAL EXAMINE	ICIAN: To the best of my km	owledge, death occurred	st the fime, date	end place, end due to	the ceuse(s) end mar	nner es stated.	use(s) end mennar es stated,				
BE C	29b. SIGNATORE AND TITLE OF CERTIFIE		111		29c. LICENSE NUMB			NED (Month, Day, Year)				
10	Howard	theme	MID		038 4	-03	► 11 -	-22-91				
	30. NAME AND ADDRESS OF PERSON WE HOWAVA St	COMPLETED CAUSE OF I	560 (L	erina)	aven B	(vd. B	9/40	MD 2123				
	31. DATE FICEO (Month, Day, Year)	32 REGISTRAR'S SIG				, ,						
	# NOV 26 1991 June Davidson-Randesse											

DHMH-16 Rev 1/89

(N	0	1. DECEDENT'S NAME (First	, Middle, Lest)	4	ZIEG	ENHEIN	ı			2. DA		MY	YEAR	3. TIME OF DEATH
		4. SOCIAL SECURITY NUME	EVEVE	5. SEX		s. lest birthday)	IF UNDER 1 Y	/EAR	IF UNDER 24 HRS.	7. DA	E OF BIRTH	22	91	PLACE (State or Foreign
III II ELLA		218-10-8075		1 M 2 X F	72	YRS.	MONTHS D	AYS	HOURS MIN.	(Mo	onth, Day, Year)		Countr	Y)
pinous		90. FACILITY NAME (If not in	stitution, give	atreet and number)	12		9b, CITY, TO	OWN O	R LOCATION OF D		25-19	9c. COUN		YLAND
(c)	S S	2809 HOFFMA	N AVE.				BALT						TIMO	
1, 2.	5	RESIDENCE OF DEC	EDENT				Dilbi	1110	TCD .			DALL	11110	TLE .
Pages	DIRECTOR	10e. STATE	10b. COUNT			10c. CIT	Y, TOWN OR	LOCATI	ION		1 1248			10d. INSIDE CITY LIMITS?
permit.		MARYLAND 100, STREET AND NUMBER	BALT	CIMORE CO	UNTY	BA	LTIMO	_						1 TYES 2 NO
	RA								ZIP CODE	10g. CITIZEN OI				HAT COUNTRY?
020 physician. burial-transit	FUNERAL	2809 HOFFMA	N AVE.	12. WAS DECEDEN	T SVED IN U.S	ADMED		-	21227				S.A.	
5-0020 nding physician as the burial-tra		1 Never Merried 2		FORCES? 1	YES 2	NNO	IT ye	88, BP#	ENDENT OF HISPA	en. Puerl	GIN? (Specify Yes o Ricen, etc.)	o or No—	14. RACE Black	- American Indian, , White, etc.
0 g a	ВУ	3 X Widowed 4 Divo	rced	11 123, 0172	WH ON DAIES		1	YES	2 X NO Speci	fy:		2000	Specif	WHITE
21 atte	ED	15. DEC (Specify enh	EDENT'S EDU highest grade	CATION Completed)	180	Be. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working						SINESS/INDU	USTRY	WILLE
21 Par or	9	Elementery/Secondary (0		College (1-4 or 5	+)	life. Do NOT use retired.)								
AND 2. The hospital of detached for once.	COMPLET	12		NONE		SECRET	ARY	STEWART COMPANY						
LAN the hose detach	8	17. FATHER'S NAME (First, M.							18. MOTHER'S NA	AME (First	, Middle, Malden	Surname)		
RYLAND ed by the hospii uld be detached ed at once.	BE	FREDERICK		CH DOROTHY HARVEY										
MAR retained 5 should notified	2	19e. INFORMANT'S NAME (7)							d Number or Rural					
		JOHN L. ZIE		IN, JR.					K POINT	RD.	PASADI	ENA, 1	MD 2	1122
ALTIMORE, leath. Page 6 may be funeral director. page xaminer must be		1 X Buriel 2 Cremetig	6 3 ☐ Rem	oval from State	cemetery	CE AND DATE O	ther place)			1		CATION — C		
Page if direc		4 Donetion 5 Other 21. SIGNATURE OF LINE HAI		MANUEL	DRU	ID RID					-25 BA	LTIMO	RE,	MD
ALTIMOR death. Page 6 ma funeral director. p		61/	- //	12/		. /			ETON FU		I HOME			
0 = 0		7100	acy,	0/1	sed is		1	SEC	OND AVE	S	W CLE	N BUR	NIE.	MD 21061
Dours after d in by the or remova		23. PART i. Enter the di ahock, or ha	aaasea, or d art fallura.	complications tha List only one cau	t caused tha	daath. Do n	ot anter the	n mod	a of dying, suc	h as ca	rdiac or reapi	retory arra	ıst,	Approximata
fille on,		IMMEDIATE CAUSE (Final										intarval Batwo		
- E = E - S		resulting in death) a. Warfolk roall cell case man after UN									Moonth			
D 0 0 - 0		DUE TO (OR AS A CONSEDUENCE OF):												
	ō	Sequentially list conditions, If any leading to immediate DUE TO (OR AS A CONSEQUENCE OF):												
SOX ite be a prior to traum	AT	cause. Enter UNDERLYING												
G 6 9 9	Ē	CAUSE (Disease or injust that initiated evants	y)	DUE TO	(OR AS A CON	SEOUENCE OF):							
O the bush	CERTIFICATION	reaulting in death) LAST												
IDS, the deal of Mental Injury,	- 10	PART II Other algoriticas	nt condition	a anat-lhuti t-	delate to a									
ORD s that the ned by th lith and M any Inji	MEDICAL	PART II. Other algolification	condition	s continuuting to	death but no	ot reaulting i	n the under	rlying	cauaa given in	Part i.	24e. WAS AN PERFOR			WERE AUTOPSY FINDING AVAILABLE PRIDE TO
CO Signed Signed Signed Ws ar	E I										1 TYES 2	□ NO		CDMPLETION DF CAUSE OF DEATH?
REC v requires been sign t. of Healt shows										_				1 TYES 2 NO
OF VITAL PHYSICIAN: The law this certificate has b with the State Dept rked, or Item 23	PHYSICIAN	25. WAS CASE REFERRED TO	MEDICAL											
VITAI IAN: The I tificate ha e State Do	Sic	EXAMINER?		HOSPITAL:	EB/Outs -Man-		OTHER:		CE OF DEATH (Ch					
F VITAL SICIAN: The law certificate has h the State Dept d, or Item 23	H	27. MANNER OF DEATH		28e. DATE OF	INJURY	28b. TIME	4 Nursing		5 Residence	-	er (Specify) SCRIBE HOW II	HILITY OCCU	Inco	
교육기준	ВУ Р		Pending nveatigation	(Month, O	ay, Year)	INJ	JRY	WOR	K? S 2 NO	200. 0	SCHIBE HOW II	AJORY OCCU	HED	
ON NDING I: After r death is mal	D B	3 Culaida		28e. PLACE O	F INJURY — At	home, farm, a				28f. LO	CATION (Street a	nd Number o	r Rural Ro	oute Number
DIVISION DR ATTENDING DIRECTOR: After hours after death item 28 is mai	ETE	3 Suicide 6 Could not be determined City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)												
DIV DIRECTOR A HOURS	PLE	29e. CERTIFIER (Check only Check on Check												
HOSPITAL FUNERAL within 72	COMPL	MEDICAL EXAMINER: On the besie of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner ea stated.												
4 4 5 6	E C	296. SIGNATURE AND TITLE			1	/	2		29c. LIÇENSE NUN		7,334, 411			
TO THE TO THE be filed	386	There	////	100	1001	1/1/18	1		12/	17	7	DATE:	/ /)	Month, Day, Year)
	V I	The same of	126	- Marie and a second	and the	IN IN	-48		///	1	1	1/	11	11/

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTAR'S AGNATURE PROPERTY

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DHMH-16 Rev 1/89

32483

Approximata intarval Batween Onsat and Daath

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIDR TO CDMPLETIDN DF CAUSE OF DEATH?

2

31. DATE FILED (Month, Oby, Year) NOV 26 1991

FOR STATE REGISTRAR

NOV 26 1991 J. Carlos Companies

10

	FOR 1 - STATE	STATE OF I	MARYLANI	D / DEPAI	RTMEN	T OF H	IEALTH	AND	MENTA	-	GIENE	32	481	9 200 0
	1. DECEDENT'S NAME (First, Middle, Lest) Paul E. ARSENEAU SR.								REG. NO. ATE OF DEATH, ONT YEAR		YEAR	3. TIME OF DEATH 8:15 a		
	4. SOCIAL SECURITY NUMBER 003–18–8048	5, SEX		s. last birthday) YRS.	IF UNDE	R 1 YEAR DAYS	IF UNDE	R 24 HRS.	(Mon	E OF BIF	Year)		Country)	LACE (State or Foreign
TOR	9a. FACILITY NAME (II not Institution, give street and number) Franklin Square Hospital RESIDENCE OF DECEDENT				9b. CITY, TOWN OR LOCATION OF DEATH ROSSVIlle					31-1	9c. COUNTY OF DEATH Baltimore			
L DIRECTOR	Maryland Baltimore			Baltimore County								IOd. INSIDE CITY LIMITS? I YES XX NO		
FUNERAL	100. STREET AND NUMBER 5206 Hazelwood Av	T 51/52 11/10		21206					Ţ	USA				
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	NO If yes, spec			CENDENT OF HISPANIC ORIGIN? (Specify cuban, Maxican, Puarto Rican, atc.) 2 XXO Specify:		cify Yas or h	Black, White, atc.		- American Indian, Whita, atc. White			
COMPLETED	(Specify only highest grade	College (1-4 or 5 d	-)	DECEDENT'S (Give kind of life. Do NOT use) Radar	work done se retired.)	during mo	st of worki	ing					sandustry ase Electric Cor	
BE CON	17. FATHER'S NAME (First, Middle, Lost) Alexander Arseneau 18. Mother'S NAME (First, Middle, Meld Yvonne Alain							Meiden Surn N	ame)		00110 (01)			
10	196. INFORMANT'S NAME (TyperPrint) Mrs. Imogene M. Arseneau 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town. State, Zip Code) 5206 Hazelwood Avenue Baltimore, Md. 21206									206				
	20a. METHOD OF DISPOSITION Burlal 2 Cremation 3 Rem 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	cametery	Garde	D DATE OF DISPOSITION (Name of rights) of Faith 11/22. NAME AND ADDRESS OF FACILIASSANN FUNE TAIL	1 7/	91	Balti						
	23. PART I. Enter the diseasa, or ahock, or heart failure.	complications that	caused the	death. Do r	74	01 B	elai	r Rd	. Ba	lto	• • Md	• ry srre	2123 est,	6 Approximata
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Metasta		ung Ca										Interval Batwear Onset and Death
CERTIFICATION	Sequantially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avents resulting in death) LAST	c	(OR AS A CON											
PHYSICIAN: MEDICAL C	PERFORMED? 1 YES 2 NO NO DEATH?									VERE AUTOPSY FINDINGS VAILABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO				
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 28. PLACE OF DEATH (Check only one) NOSPITAL: 1 OTHER: 1 Norming Home 5 Residence 8 Other (Specify)													
ву РНУ	27. MANNER OF DEATH X Natural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, De	INJURY ay, Year)	28b, TIM	E OF URY M	28c. INJU WOI t Y	JRY AT				HOW INJUR	Y OCCI	JRED	
				At home, farm, street, factory, office 28f. L					281. LOC City	. LOCATION (Street and Number or Rural Route Number, City or Town, State)			ite Number,	
BE COMPLETED		CIAN: To the best of R: On the bests of ax					eth occur		tima, date		ice, and due	to the	cause(a) a	nd manner as stated.

date and place, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) M.D D41089 26

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Dr. Fernando LaPetina, MD. 9000 Franklin Square Drive, Baltimore, MD

31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 191

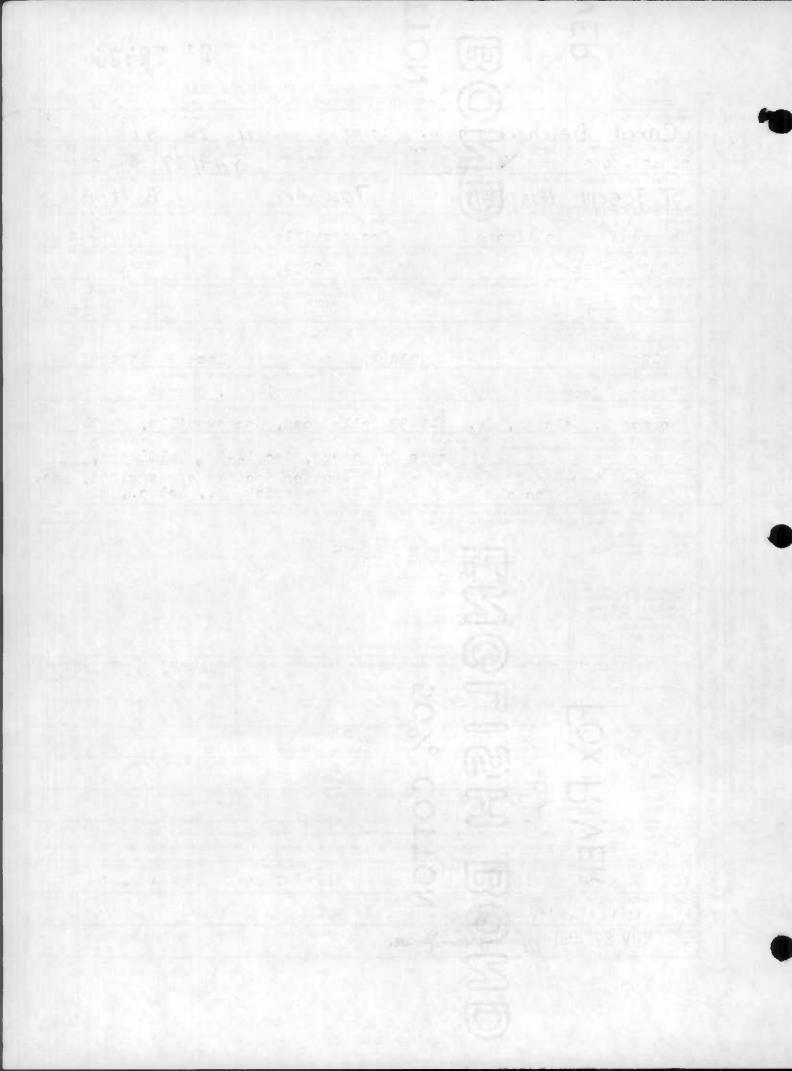
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020	A mount with test that the perfection of the hospital or attending physician.	med to be the burneral direction angle 5 should be detached for use as the burnat-transit permit. Pa	the medical examinar must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a man man death properties that the death certificate be executed within a man death properties.	TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely ment in the state of the state bett. Of Health and Mental Hygiene prior to burial, crements or minoral mental mental hygiene prior to burial, crements or minoral mental mental hygiene prior to burial, crements or minoral mental mental hygiene prior to burial, crements or minoral mental m	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examinar must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAI CERTIF	RTMENT OF H	EALTH AND	MENTAL HYGIENE REG. NO.	E	02485
	1. DECEDENT'S NAME (First, Middle, Last) M L D R E D 4. SOCIAL SECURITY NUMBER	M. A	DES			2. DATE OF OEATH DAY	Y YEAR	3. TIME OF DEATH 1252 P · M
	164-03-5033	1 M 2 X F	(In yrs. lest birthdey) 76 YRS.	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH 3/6/1915	8. BIR	TNPLACE (State or Foreign PENNSYLVANIA
TOR	99. FACILITY NAME (If not institution, give st BALTIMORE COUNTY RESIDENCE OF DECEDENT		SPITAL		RANDALLS		9c. COUNTY OF BALT	DEATN IMORE
DIRECTOR	MARYLAND 10b. COUNTY	BALTIMORE	10c, CI1	RANDAL	LSTOWN			10d. INSIDE CITY LIMITS? 14 YES 2 NO
FUNERAL	3739 COURTLEIGH	DR.		101	21133		10g. CITIZEN OF	WNAT COUNTRY?
B	11. MARITAL STATUS 1 Naver Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 NO	13. WAS DEC	ecify Cuban, Maxice	IIC ORIGIN? (Specify Yee on, Puerto Rican, etc.)	Bla	CE — American Indian, ck, Whita, etc. WHITE
COMPLETED	1S. DECEDENT'S EDUC (Specify only highest grade Elementery/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	USUAL OCCUPATION Work done during most retired.)	N st of working	16b. KIND OF BUSI	INESS/INDUSTRY	UCATION
BE CON	17. FATHER'S NAME (First, Middle, Last) JOSEPH MONDELI	BLATT					WARZBERG	G
10	190. INFORMANT'S NAME (Type/Print) MRS. MARILYN BLA	NDFORD		LEE DR.		TLLE, MD	, State, Zip Code) 21228	
	20s, METHOD OF DISPOSITION 1 XBurlel 2 Cremetion 3 XRemo 4 Donetion 5/ Other (Specify)	val from State	6. PLACE AND DATE	OF DISPOSITION (Na.	11/22/		ATION — City or T	Town, Stata PHIA, PA
	21. SIGNATURE OF FUNERAL SERVICE LIN	telleran			LEVINSC	& BROS.		
AL CERTIFICATION	AHT I. Enter the diseases, probabot, or heart failure. It immediates or condition resulting in death) Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	DUE TO (OR AS C A A C U DUE TO (OR AS A C U DUE TO (OR AS	A TIO A CONSEQUENCE OF A CONSEQUENCE OF THE A CONSEQUENCE OF	N P. POLY POLY POLY POLY POLY POLY POLY POLY	NEU! HOBL LEU	MONIA ROPATI ASTIC KEMIA	47	Approximate Interval Between Oneat and Death
PHYSICIAN: MEDICA						PERFORM 1 TYES 2	IED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO
SICIA		HOSPITAL: 1 Inpatient 2 ER/Out	patient 3 🗆 DOA	OTHER:	5 Residence			
ВУ РНУ	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		E OF 28c. INJU URY WOF 1 Y	IRY AT	28d. DESCRIBE NOW INJ	JURY OCCURED	
ETED	3 Suicide 8 Could not be detarmined	28e. PLACE OF INJURY building, atc. (Spe	r — At home, farm, s	streel, factory, offica		28f. LOCATION (Street and City or Town, State)	d Number or Rural	Route Number,
COMPL	29s. CERTIFIER (Check only one) 1 CERTIFYING PNYSIC 2 MEDICAL EXAMINER	IAN: To the best of my know : On the besis of examination	riedge, daath occurre n end/or investigatio	nd at the time, data on, in my opinion, de	and piece, end due t	to the ceuse(e) end menne lime, data end place, end	er se stated, due to the cause(e) and mennar ae atated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	air les			29c, LICENSE NUM	7333 F	DATE SIGNED	(Morith, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO C - P A V 31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	5(GH,	RAN	PALUS	70WN, L	19211	33.
	NOV 2 7	1001 Julia	Kristan R	indest?				

	STATE REGISTRAR DECEDENT'S NAME (First, Middle, Last)		ND / DEPARTI			REG. NO.	-26-9	3. TIME OF DEATH	
	Carol Bel	cher/caro]		lcher		MONTH DAY	9	7297	
	213-28-5052	1.1.0	2 O YRS. M	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	29 Ne	erthplace (State or Foreign untry) W Jersey	
	9a. FACILITY NAME (If not institution, give street and number) ST JOBEDH HOS DI HUI RESIDENCE OF DECEDENT			-	USON	ATH	Baltimore		
H 100	n. STATE 10b. COUNTY	altimore		town on locat Cockey	sville			10d. INSIDE CITY LIMITS? 1 YES 2X NO	
FUNERAL 11.	12337 Falls R	oad	20	101	21030		10g. CITIZEN C	SA	
	MARITAL STATUS Never Married 2 Married Widowed 4 Divorced	12. WAS DECEDENT EVER IN 1 FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 X NO	If yea, spe	ecify Cuban, Mexican 2 NO Specify.		8	ACE - American Indien, lack, White, etc. pecify: White	
LETED	(Specify only highest grade completed) ((Elementary/Secondary (0-12) College (1-4 or 5 +)		(Give kind of wor	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Clerk			16b. KIND OF BUSINESS/INDUSTRY		
Ö	12th 17. FATHER'S NAME (First, Middle, Last)			erk Black & Decker 18. MOTHER'S NAME (First, Middle, Melden Surname) Carolyn N. Oberst					
TO BE	Edwin Sooy 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Stroot as					Route Number, City or Town,	State, Zip Code		
20	Horace E. Bel a. METHOD OF DISPOSITION Burlel 20 Cremetion 3 - Ramo	20b.	PLACE AND DATE O	OF DISPOSITION	(Name	Cockeysv:	ATION — City o	r Town, Stata	
4	1 Burlel 2½ Cremetion 3 Removal from State Of cemetary, crematory or other place) Metro Crematory, Inc 11-27 Baltimore, MD								
TIFICATI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reauting in deeth) LAST								
	aulting in deeth) LAST								
AL CE	ART II. Other algorificant condition	s contributing to death bu	t not resulting in	the underlying	ceuse given in	Part i. 24a. WAS AN A		AVAILABLE PRIOR TO	
MEDICAL CE		s. s contributing to death bu	it not resulting in	the underlyin	g ceuse given in		IED?	AVAILABLE PRIOR TO	
MEDICAL CE				26. PI	g couse given in	PERFORM 1 YES 2	IED?	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
PHYSICIAN: MEDICAL CE	S. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL: 1 12 inpatient 2 ER/Outpe 26e. DATE OF INJURY (Month, Day, Year)		26. PI OTHER: 4 Nursing Hom OF 26c. IN. RY WC		PERFORM 1 YES 2	NO NO	COMPLETION OF CAUS OF DEATH? 1 YES 2 NO	
D BY PHYSICIAN: MEDICAL CE	ART II. Other algnificant conditions 5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 100 7. MANNER OF DEATH	HOSPITAL: 1 ® Inpatient 2 = ER/Outpe	atient 3 DOA 26b, TIME INJU	26. PI OTHER: 4 Nursing Hom OF 26c. IN. RY WC 1	.ACE OF DEATH (Cho	PERFORM 1 YES 2 eck only one) 6 Other (Specify)	NO NO	AMAILABLE PRIOR TO COMPLETION OF CAUSOF DEATH? 1 YES 2 NO	
PLETED BY PHYSICIAN: MEDICAL CE	ART II. Other algnificant conditions 5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident a Could not be determined 90. CERTIFIER (Check only)	HOSPÍTAL: 1 Pinpatient 2 ER/Outpe 26e. DATE OF INJURY (Month, Dey, Year) 26e. PLACE OF INJURY	atlent 3 DOA 26b. TIME INJU	26. PI OTHER: 4 Nursing Hom OF 26c, INJ RY WC 1	ACE OF DEATH (Che a 5 Residence URY AT RK? YES 2 NO a	eck only one) 6 Other (Specify) 2ad. DESCRIBE HOW IN City or Town, State)	JURY OCCURE And Number or Re	AMAILABLE PRIOR TO COMPLETION OF CAUSOF DEATH? 1 YES 2 NO	
O BE COMPLETED BY PHYSICIAN: MEDICAL CE	ART II. Other algnificant conditions 5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH 1 Netural 5 Pending investigation 3 Suclede a Could not be determined 9a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 9b. SIGNATURE AND TITLE OF CERTIFIER	HOSPITAL: 1 ® Inpatient 2 = ER/Outpate 26e. DATE OF INJURY (Month, Dey. Year) 26a. PLACE OF INJURY building, atc. (Special Control of the best of my knowled) R: On the basis of examination	attlent 3 DOA 26b. TIME INJU	26. PI OTHER: 4 Nursing Hon OF 26c. INJ INY M 1 1 Ireet, factory, office d at the time, date in, in my opinion, co	ACE OF DEATH (Che a 5 Residence URY AT RK? YES 2 NO a	eck only one) 6 Other (Specify) 2ed. DESCRIBE HOW IN City or Town, State) to the cause(a) and manual time, date and place, and with the cause(b) and manual time, date and place, and with the cause(b).	JURY OCCURE and Number or Ri and the sale of the cau	AMAILABLE PRIOR TO COMPLETION OF CAUSOF DEATH? 1 YES 2 NO	
TO BE COMPLETED BY PHYSICIAN: MEDICAL CE	ART II. Other aignificant conditions 5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Sucide a Could not be determined 9a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 9b. SIGNATURE AND TITLE OF CERTIFIER 10. NAME AND ADDRESS OF PERSON WHI	HOSPITAL: 1 Pinpatient 2 ER/Outpa 26e. DATE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY building, atc. (Special Contents) CIAN: To the best of my knowledge: CIAN: To the basia of examination CIAN: To the basia of examination COMPLETED CAUSE OF DEA	attent 3 DOA 26b. TIME INJU 26b. TIME INJU At home, farm, attention and/or investigation ATH (ITEM 27) (Type, 1	26. PI OTHER: 4 Nursing Hom OF 26c. IN. WY M 1 T reet, factory, office d at the time, date i, in my opinion, c	ACE OF DEATH (Cho	eck only one) 6 Other (Specify) 2ed. DESCRIBE HOW IN City or Town, State) to the cause(a) and manual time, date and place, and with the cause(b) and manual time, date and place, and with the cause(b).	JURY OCCURE and Number or Ri and the case 29d. DATE SIG.	AWAILABLE PHIOR TO COMPLETION OF CAUSOF DEATH? 1 YES 2 NO D Irral Route Number, Irral Route Number, Irral Route (a) and manner as state NED (Month, Dey, Year)	



	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mous after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	hat	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fibed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bun'al, cremation, or removal.	À
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FOR STATE REGISTRAF		F MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
I. DECEDENT'S NA	ME (First, Middle, Last)		

	REGISTRAR	CERTIFIC	CATE OF I	DEATH	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) CHARLES F	BARNES			2. DATE OF GEATH DO NOVEMBER2	ž. 199	VEAD	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AG 213-09-6812 1 M 2 0 F 8.		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 11-9-1909			ACE (State or Foreign
TOR	9s. FACILITY NAME (If not Institution, give street and number) Franklin Square Hospital RESIDENCE OF DECEDENT	9		LOCATION OF DEA	ATH		TY OF DEAT	ГН
DIRECTOR	10a. STATE 10b. COUNTY	10c. CITY, 1	TOWN OR LOCATIO)N			10	d. INSIDE CITY
	Maryland Baltimore		Parkvill					LIMITS?
FUNERAL	11 E. Mopec Circle			21236		J	ISA	AT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 YE	S XX NO	If yea, speci	IDENT OF HISPANII Ity Cuban, Maxican, M NO Specify:	C ORIGIN? (Specify Yea , Puarto Rican, atc.)	or No-	14. RACE — Black, W Specify:	American Indian, /hita, atc. White
TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18a. DECEDENT'S US	WAL OCCUPATION k done during most etired.)	of working	16b. KIND OF BUS	INESS/INDU	STRY	
COMPLETED	Elementary/Secondary (0-12) 12th grade College (1-4 or 5+)	Maintenar			Maryla	nd Bi	scuit	t Co.
CON	17. FATHER'S NAME (First, Middle, Last)				E (First, Middle, Maiden			- 001
BE	Richard H. Barnes				Gunther			
5	Mrs. Doris L. Barnes	196. MAILING AD	Modec C	ircle Ba	ute Number, City or Town	Marvl	and	21236
	20a. METHOD OF DISPOSITION 1 🔀 Burlel 2 □ Cremation 3 □ Ramoval from Stata 4 □ Donation 5 □ Other (Specify)	Db. PLACE AND DATE OF C	DISPOSITION (Name	101		CATION — C	Ity or Town,	Stata
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE * Lessal Juneral Horn	7 E	Lassa 7401	ADDRESS OF FACI			(2	21236)
CERTIFICATION	Sequentially liet conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	INFACTION A CONSEQUENCE OF): ROTIC VASC A CONSEQUENCE OF):		SEASE				interval Between Onset and Death
AL CI	PART II. Other eignificent conditione contributing to death	but not resulting in t	he underlying o	suse given in Pa	art I. 24a. WAS AN		24b. WE	RE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL					PERFORI 1 □ YES 2)		OF.	NLABLE PRIOR TO MPLETION DF CAUSE DEATH? YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			E OF DEATH (Checi	k only one)			
HYS	t ☐ YES 2 V NO 1 ☐ Inpatient 2 V ER/Out 27. MANNER OF DEATH 288. DATE OF INJURY			5 Raaldenca 8				
ВУ Р	1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	INJURY	WORK 1 YES	? 2 🗆 NO	28d. DEŞCRIBE HOW IN			
ETED	3 Suicide 8 Could not be determined 28a. PLACE OF INJUR building, atc. (Sp.	Y — At home, term, streed ecity)	et, factory, office	2	281. LOCATION (Street as City or Town, State)	nd Number o	Rural Route	Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my known one) 2 MEDICAL EXAMINER: On the basis of examinetted.	wiedge, desth occurred a on and/or investigation, in	t the time, data an	d place, and due to	the cause(a) and mani me, data and place, and	ner as stated	l. cause(s) an	d manner as stated,
) BE	Theren (d. V/1 ////	27 ()		n/a	ER			nth, Day, Year) ER 25,1991
- 11	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF D JAMES D'ORTA 9000 FRANKLIN			IMORE MA	ARYLAND 21	2317		
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIG							

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FOR STATE REGISTRAR

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PHYSICIAN:	
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	1. DECEDENT'S NAME (Firs	YMON	DL	4	Bul	RGI	41	/		2. DATE O	F DEATH DAY	91	AR	8: 20
	4. SOCIAL SECURITY NUM 217-09-70		5. SEX	6. AGE (In yrs. la		IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS. MIN.		F BIRTH Day, Year) 26-199		Country)	ACE (State or Fore)
FOR	9a. FACILITY NAME (# not) Fallston () RESIDENCE OF DE	eneral		1				or Locati	ON OF DE	EATH		9c. COUNTY	of DEA	
DIRECTOR	10a. STATE	10b. COUNT	Υ		10c. CITY	TOWN O	R LOCA	TION					1	0d. INSIDE CITY
ERAL DI	Maryland 100. STREET AND NUMBER 9039 Simms		ltimore le			P		y Hal		34		10g. CITIZEN	OF WH	YES 2 N
BY FUNE	11. MARITAL STATUS 1 Never Married 2 🔀 3 Widowed 4 Div		FORCES?	NT EVER IN U.S. A 1 YES 2 X WAR OR DATES	RMED	11	yea, sp		n, Maxica	in, Puerto Ri	(Specify Yas can, atc.)	or No- 14.	RACE - Black, Specify:	- American India: Whita, atc. White
0		CEDENT'S EDU		16a. D	ECEDENT'S I	JSUAL OC	CUPATI	ON of works	na.	16b. I	(IND OF BUSI	NESS/INDUST	RY	
APLET	7th grade		College (1-4 or 5		Give kind of w fe. Do NOT use [ainta.					n S:	ipple	Electi	ric	
E COM	17. FATHER'S NAME (First, I									ME (First, Mi Grove)	ddle, Meiden S C	Surname)		
TO B	Mr. Raymor		Burgan	1						Route Numbe Joppa		State, Zip Con 2108		
NOI	23. PART I. Enter the ehock, pr IMMEDIATE CAUSE (Fidisease or condition resulting in death) Sequentially list conditions.	dieeeaee, pr heert fellure. inel	e. Respons to Diffu.	at coused the couse on each lire of the property of the proper	Fau EQUENCE OF	ot enter	401 the mi	Bel Dide of dy	air Ing, euc	ch ee cardi	alto.			Approximation of the control of the
AL CERTIFICATION	If eny, leeding to imm ceuse. Enter UNDERLY CAUSE (Disease or in that initiated evente resulting in death) LA PART II. Other eignific	rING Jury ST	c. Sever d. Cer	O (OR AS A CONS	LOUENCE OF	emi ala	a,	Co.	n	eten	tion 24a. WAS AN A PERFOR	AUTOPSY		WERE AUTOPSY FI
N: MEDICAL						3					1 TYES 2	□ NO		COMPLETION OF CODE DEATH?
PHYSICIAN:	25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO	TO MEDICAL	HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHER	t:			heck only one				
Y PHY	Z	Pending Investigation	28a. DATE C		28b. TIM	-	28c. IN	JURY AT ORK? YES 2				JURY OCCUP	RED	
ED B	2 Accident 3 Suicide 8 4 Homicide	Could not be detarmined		OF INJURY — At I g, atc. (Specify)	home, farm, a	treet, fact	ory, offi	Ice			TION (Street a r Town, State)	nd Number or	Rurei Ro	oute Number,
COMPLET	(Critick Orlly		SICIAN: To the best										ause(a)	and manner as a
TO BE C	29b. SIGNATURE AND TITE	m	>BD		EKH	M	D.	29c, LIC	184			29d. DATE S	igned	Month, Day, Year) 6-9/
1	30. NAME AND ADDRESS. B. D. PA 31. DATE FILED (Month, Da	REKH	MJ).	USE OF DEATH (IT	HARI		۵.	ROA	D,	FAL	1570	N, N	10.	2104

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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BALTIMORE, MARYLAND 21215-0020
s after death. Page 6 may be retained by the hospital or attending physician.

To the furneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 nours after death. Page 6 may be retained by the hospital or attending	TQ THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	ate Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPDRTANT: If item 28 is marked, or item 23 shows any injury or other traumatic event the marilest eventuals as account.
(TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by t	be filed within 72 hours after death with the State Dept. of Health and	#MPORTANT: If item 28 is marked, or item 23 shows any in
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1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTME	NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN REG. NO		
1. DECEDENT'S NAME (First, Middle BRUNS UN	1, SARA Sara		Brunson	2. DATE OF DEATH DO NONTH DO Z		3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 219-16-7480 90. FACILITY NAME (If not institution	5. SEX 6. AGE (In yrs. 1	YRS. MONT		7. DATE OF BIRTH (Month, Day, Year) 9/17/22	8. BIR Cou	THPLACE (State or Foreign intry) Md.
77 4 4 4	y Hospital	9b. C	Baltimore	DEATH	9c. COUNTY OF	DEATH
100. STATE 10b. Md.	COUNTY		n or Location altimore			10d. INSIDE CITY LIMITS? # YES 2 NO
٣	Scott St.		10f. ZIP CODE 21230		10g. CITIZEN OF	F WHAT COUNTRY?
Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 H IF YES, GIVE WAR OR DATES	ARMED H NO	13. WAS DECENDENT OF HISP. Il yea, specify Cuber, Mexi- 1 YES 2 NO Speci	cen, Puerto Rican, etc.)	or No 14. RA Blo Afr	ocity American Indian, act. American
15. DECEDENT (Specify only higher (Specify only higher Elamentary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, L	st grade completed)	DECEDENT'S USUAL (Give kind of work do ife. Do NOT use retire	ne during most of working	16b, KIND OF BUS	SINESS/INDUSTRY	
m Flank	C. Gross		18. MOTHER'S N Elis	hame (First, Middle, Malden Sha A. Gro		
19a. INFORMANT'S NAME (Type/Pri	Brunson Jr.	423 Sc	ess (Street and Number or Aura Cott St. Balt	Route Number, City or Town	21230	AND SE
20a. METHOD OF DISPOSITION 1/E: Burlel 2	y) Cemetery, a	EANDDATE OF DISF remajory or other pla CIMOTE	osition/Neme of ational 11/		CATION - City or Balto. M	
21. SIGNATURE OF PUNITAL SEM	Of delep		Estep Broth 1300 Eut	ers Funeral	o Md	
iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A CONSI	Shore of:	ch			Approximate interval Between Onset and Death
PART II. Other significant cor	nditions contributing to death but not	resulting in the	underlying cause given in	Pert I. 24a. WAS AN / PERFORI	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDI EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	CAL HOSPITAL:	OTH				
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investig	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW IN	JURY OCCURED	
		ome, lerm, street, to	ectory, office	281. LOCATION (Street at City or Town, State)	id Number or Rural	Route Number,
3 Suicide 8 Could date of the	PHYSICIAN: To the beat of my knowledge, d	leath occurred at the	lime, data and piece, end du	n to the cause(a) and ment	er se stated.	(a) and menner as stated.
290. SIGNATURE AND TITLE OF DE	STORIES .		29c. LICENSE NU			D (Month, Day, Year)
31 DATE FILED (Month, Day, Year)	ON WHO COMPLETED CAUSE OF DEATH (ITE	3 M.(C	4			
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SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.	VERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 3	hin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Tr. it is an 28 is marked or item 23 shows any injury or other traumatic event, the medical evaminer must be notified at once.
ATTE	CTOR	afte	28
OR	DIRE	hours	Ham
PITAL	RAL	27	91 -1
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3 TIME OF DEATH YEAR Barnes E. 11/22/91 Levi 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. (Month, Day, Year) 11/23/29 DAYS HOURS 1 # M 2 □ F 61 219-22-4897 YRS. Md. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 2736 Lauretta Ave. Baltimore (Home) DIRECTOR RESIDENCE OF DECEDENT 10c CITY TOWN OR LOCATION 10a STATE 10b. COUNTY 10d. INSIDE CITY Baltimore Md 1 TYES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 21223 2736 Lauretta Ave. USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 W YES 2 NO 1F YES, GIVE WAR OR DATES 10/54 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No-14. RACE — American Indian, Black, White, atc. 1 Naver Married 2 # Married If yes, specify Cuban, Maxican, Puarto Rican, atc.) 1 YES 2 NO Specify: BY Afr. American 3 Widowed 4 Divorced 16a. OECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Self Employed Bar Owner 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Hilda Barnes William Barnes BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Dorothy M. Barnes 21223 2736 Lauretta Ave. Balto. Md. 20g. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name DATE 20c. LOCATION - City or Town, Stata Burial 2 Cremation 3 Removal from State of cemetary, crematory or other place)
Garrison Forest 11/27/91 Owings Mills, Md. ☐ Donation 5 ☐ Other (Specify) _ 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Estep Brothers Funeral Home P.A. 1300 Eutaw Pl. Balto. Md. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory erreet, Approximate shock, or heert failure. List only one cause on each line. Onset and Deeth IMMEDIATE CAUSE (Finel disease or condition LETASIMINE resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Diseese or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 ☐ YES 2 ☐ NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 | YES 2 | NO Inpatient 2 - ER/Outpatient 3 - DOA 4 - Nursing Home 5 Rasidenca 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, 3 Suicide 8 Could not be COMPLETED 4 Momicide

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

2 MEDICAL EXAMINEN On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.

29c. LICENSE NUMBER



BE

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216. SIGNATURE AND TITLE OF CERTIFI

31. DATE FILED (Month, Day, Year)

MNA

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE

SISIFFITI

21229

29d. DATE SIGNED (Month. Day Year)

11/22/9

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

1 - STATE REGISTRAR	OTALL OF WAR	CE	RTIF		F DEATI		MEMIME	REG. NO).		
1. OECEOENT'S NAME (First, Middle	e, Last)					-		OF DEATH		ипла.	3. TIME OF DEATH
HAZEL C. BE	SSLING						MONTH	2	AY /	YEAR 9/	1245 DM
4. SOCIAL SECURITY NUMBER	5. SEX 6. /	AGE (In Ms. last	birthday)	IF UNDER 1 YEA				DE BIRTH (Day, Year)		6. BIRTHI	PLACE (State or Foreign
214-01-2646		93	YRS.	MONTHS DAY	S HOURS	MIN.		22,	1898		LTIMORE
9a. FACILITY NAME (If not institution	n, give street and number)			9b. CITY, TOW	N OR LOCATION				_	INTY OF DE	ATH
CATON MANOR N				BALT	IMORE						
RESIDENCE OF DECEDE	COUNTY		100 CITI	Y, TOWN OR LO	CATION						
MARYLAND	COUNTY			LTIMOR							10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER					10f, ZIP CODE	_			40- 017	TOTAL OF W	1X YES 2 NO HAT COUNTRY?
	CE STREET, APT.	G-8				230)				HAI COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT EV		MED	13 WAS I	DECENDENT OF	HISDAA	IIC OBIGIN	2 (Specify Ve		S.A.	- American Indian,
1 Never Married 2 Married 3 Wildowed 4 Divorced	EODOFEC 4 🗆			If yes,	specify Cubsn,		n, Puarto F		* Of 140—	Black	White, etc.
15. DECEDEN'	T'S EDUCATION est grade completed)	16a. DEG	CEDENT'S	USUAL OCCUP	ATION most of working		16b.	KIND OF BU	ISINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT us	e retired.)	most or working						
6TH GRADE		SEA	MSTR	ESS			ST	ANDAR	D OVE	ERALL	CO.
17. FATHER'S NAME (First, Middle,	ast)				16. MOTHE	R'S NA	ME (First, A	fiddle, Malder	Sumame)		
EDMUND FOHS							ELIS				
198. INFORMANT'S NAME (Type/Pri HAZEL D. MII		21	. MAILING .03 W	ADDRESS (Street HISTLE	R AVENU	JE,	BALT	TMORE	, State Zi	^{(p) Cog(e)} 212	30
20a METHOD OF DISPOSITION 1 Burlet 2 Cramation 3	□ Barnount from State	20b. PLACE (OF DISPOS	SITION (Name of	cemetery, crema	tory or		20c. LC	CATION -	City or To	vn, Stata
4 Donatton 5 Other (Speci				LL CEM	ETERY			BA	LTIM	ORE	
21. SIGNATURE OF FUNERAL SER	VICE LICENSEE			22. NAMI HUBB	AND ADDRESS	OF FA	CILITY HO	ME IN	C.		
1) aum	7 dish	01								RE. M	D. 21229
23. PART i. Enter the diseas	es, or complications that ca	ussd the de	sth. Do n								Approximats
shock, Dr hasrt f	silure. List only ons cause	on sach lins.						-			interval Between Onest and Death
IMMEDIATE CAUSE (Final disease or condition	ALTTE	cime	pis	200	MISE	-					Crissi siid Dagiii
reaulting in death)	a. ALTZEF	AS A CONSEC	DUENCE OF	F):	(////						
	b. HY PO DUE TO (OR	THYK	2010	25M							
Sequentisity list conditions, if any, isading to immediate	DUE TO (OR	AS A CONSEC	UENCE OF	F):							
cause. Enter UNDERLYING CAUSE (Disease or injury	2										
that initiated evanta	DUE TO (OR	AS A CONSEC	UENCE OF	F):							
reaulting in dssth) LAST	d										
PART II. Other algolficant co	enditions contributing to day	ath but not re	esulting i	in tha undari	ving causa giv	van in	Part i.	24a. WAS AI	NAUTOPSY	24b.	WERE AUTOPSY FINDINGS
Atr	int are huth	1 -			,,			PERFO	RMED?	240.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	1						_	1 TYES	2 NO		OF DEATH?
	V					_	_				1 YES 2 NO
25. WAS CASE REFERRED TO MED	NCAL I		_	24	. PLACE OF DEA	ATM (C)	east only on	al .			
EXAMINER?	HOSPITAL:	(Outpoliont 2	□ PO4	OTHER:							
27. MANNER OF DEATH	28a. DATE OF INJ		28b. TIM		INJURY AT	dence	_	CRIBE HOW	INJURY OF	CCURED	
1 Naturel 5 Pendi		(bar)		URY	WORK?	NO					
2 Deviate	Igation 28a. PLACE OF IN	JURY — At ho	ma, farm, i				28f. LOC	ATION (Street	and Numbe	er or Rumi F	Coute Number
4 Homicide detarm	not be building, atc.	(Specify)					City	or Town, State))		
29a. CERTIFIER	O BUYONCIAN To the board of				Service Co.						
one)	G PHYSICIAN: To the best of my EXAMINER: On the basis of exami										and enteres as stated
		manori and or i		ni, in my opinio				and place, e			1
296. SIGNATURE AND TITLE OF C	EHTIFIER	M		7	29c. LICEN		MBER 0/8	72	29d. DA	TE SIGNED	(Month, Day, Year)
MILLER	an 1100		2	0.1.11	0	()	010			11/2	2/11
30. NAME AND ADDRESS OF PER					AITIMOD	F	MD	212	20		
	RUSSELL-1000 S		AV	ENCE-B	ALI IMUK	E,	TID.	212	<u></u>		
31. DATE FILED (Month, Day, Mar)	1991 32. REGISTRADIO	4 don-R	indell								

INT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	IMPORTANT: If Ite
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	be filed within 72 hou IMPORTANT: If Ite
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	TO THE FUNERAL DIF
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospi	TO THE HOSPITAL OF
DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	מ

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	. HYGIENE	-	3249)
CERTIFICATE OF DEATH	REG. NO.			

	FOR STATE REGISTRAR	STATE OF MARYLAND / D	EPARTMENT OF H		ENTAL HYGIENE REG. NO.		32492		
	1. DECEDENT'S NAME (First, Middle, Lest) ANGELA ALICE B				2. DATE OF DEATH MONTH DAY				
	4. SOCIAL SECURITY NUMBER 220-24-7904	5. SEX 6. AGE (In yrs. leet b.	7. DATE OF BIRTH (Month, Day, Year) MAR. 18, 19						
TOR	99. FACILITY NAME (If not institution, give s MANOR CARE NURS RESIDENCE OF DECEDENT		TOWSON	R LOCATION OF DEA	тн	BALT:	IMORE		
DIRECTOR	MARYLAND 10b. COUNT	BALTIMORE	10c. CITY, TOWN OR LOCAT	NOF	10d. INSIDE CITY LIMITS? 1 ☐ YES 2 1				
FUNERAL	100. STREET AND NUMBER 5547 ASHBOURNE R	OAD	ZIP CODE 2122	10g. CITIZEN OF WHAT COUNTRY? U.S.A.					
В	11. MARITAL STATUS 1 Never Married 2 Married 3 Midowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARME FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	endent of Hispanic ecity Cuben, Mexicen, 2 NO Specify:	C ORIGIN? (Specify Yae Puerto Ricen, atc.)	7.21	RACE — American Indian, Black, White, etc. Specify: WHITE			
COMPLETED	15. OECEDENT'S EDU (Specify only highest grade Elamentary/Secondary (0-12) 1 2 TH GRADE	e completed) (Give	EDENT'S USUAL OCCUPATION IN INC. I WANT OF WORK done during motor NOT use retired.) HOMEMAKER	DN st of working	16b. KIND OF BUS	INESS/INDUST	ay		
BE CON	17. FATHER'S NAME (First, Middle, Last) UNKNOWN			UNKNOW					
7	JAMES BIEN		.O. BOX 242						
	20s. METHOD OF DISPOSITION 1 \(\tilde{\Delta} \) Buriel 2 \(\tilde{\Delta} \) Cremetion 3 \(\tilde{\Delta} \) Ram 4 \(\tilde{\Delta} \) Donation 5 \(\tilde{\Delta} \) Other (Specify)		ND DATE OF DISPOSITION rematory or other place) WN CEMETERY			CATION — City	or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	HUBBA		L HOME INC	· .	E. MD. 21229		
NC	shock, or heart failure.	a. ATHEVOSCLE	IMOUAVY JENCE DF): VIOTIC CA	\N.	rest		Interval Batwaan Onsat and Death		
CERTIFICATION	if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEOU DUE TO (OR AS A CONSEOU d.	•						
MEDICAL	PART II. Other significant condition	na contributing to death but not res	sulting in the underlyin	g cause given in P	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. P	LACE OF DEATH (Chec	ck only one)				
PHYSICIAN:	1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	1 Inpatient 2 ER/Outpatient 3	DOA 4 Nursing Hor 28b. TIME OF 28c. IN INJURY	Ne 5 Residence 8	Other (Specify) 28d. DESCRIBE HOW IN	NJURY OCCURE	ED		
TED BY	2 Accident Inventigation 3 Suicide S Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — At hombuilding, etc. (Specify)			281. LOCATION (Street a City or Town, State)	nd Number or F	tural Route Number,		
COMPLETED	one)	SICIAN: To the best of my knowledge, deat ER: On the besis of exemination and/or im					ouse(e) end menner ee stated.		
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	7 my		DZ9-	BER 170	29d. DATE SI	GNED (Month, Day, Year)		
	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF DEATH (ITEM A S A NG C TO 32. REGISTRADIS SIGNATURE TUNION DUM CONTRADIS	-6304 K	ENWOON	DAVE.	212	.37		
	NOV 27 199	Julia Davidson-Ran	rdell				DHMH.18 Rev 1/89		



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DR ATTENDING PHYSICIAN: The law requires that the death ceruhicate be executed within $4-3$ inours after death. Page or may be relained by the hospital or attending program.	AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the b	Thours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	III flem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Lest) WILFORD 3. TIME OF DEATH 2. DATE OF DEATH 1 1/25/91 WINDOM BENNETT 9:40 P. 11 25 7. OATE OF BIRTH 8. BIRTHPLACE (State or Foreign 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS 1 M 2 □ F 227-12-0873 VDC JULY 13, 1922 VIRGINIA 9c COUNTY OF DEATH Se. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 1232 NEWFIELD ROAD DIRECTOR WOODLAWN BALTIMORE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND 1 TYES XX NO BALTIMORE WOODLAWN 10g, CITIZEN OF WHAT COUNTRY? 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 1232 NEWFIELD ROAD 21207 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. FORCES? 17 YES 2 IF YES, GIVE WAR OR DATES 2 NO If yes, specify Cuben, Mexicen, Puerto Rican, etc.) 1 Never Merried XX Merried 1 TYES 2 XXIO BY 3 Widowed 4 Divorced WHITE 16a. DECEDENT'S USUAL OCCUPATION

The bind of work done during most of working COMPLETED 16b. KIND OF BUSINESS/INDUSTRY 15. DECEDENT'S EDUCATION (Specify only highe (Give kind of work done life. Do NOT use retired.) Elementery/Secondery (0-12) College (1-4 or 5+) STEELWORKER BETHLEHEM STEEL 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Sumame) JOSEPH BRUCE BENNETT MARY ELLEN KEMP BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 ANGELA BENNETT 1232 NEWFIELD ROAD, BALTIMORE, MARYLAND (WIFE) 21207 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State CRESTLAWN CEMETERY 11/27/91 MARRIOTTSVILLE, MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES 1630 EDMONDSON AVENUE, CATONSVILLE, MD. 21228 23 PART I. Enter the dieeeees, Dr complie one that coused the deeth. Do not enter the mode of dying, such se cerdiac or respiratory errest, shock, Dr heert felture. Lief only one ceuse on each line interval Between Onset and Death IMMEDIATE CAUSE (Final diseese or condition SARCOMATOUS MALIGNANT resulting in desth) CERTIFICATION Sequentially list conditione, if eny, leading to immediate ceuse. Enter UNDERLYING (ardurasculas CAUSE (Disease or Injury that initiated events resulting in death) LAST PART ii. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Pert i. 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 28. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL HOSPITAL: OTHER: 1 YES 2 NO 1 🗋 Inpatient 2 🗆 ER/Outpatient 3 🗆 DOA ng Home 5 Residence a 🗆 Other (Specify) 280. DATE OF INJURY 27. MANNER OF OFATH 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, lerm, street, factory, office building, etc. (Specify) 28t. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide ED a Could not be 4 Homicide determined 日 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the filme, date end place, end due to the cause(e) end menner as stated. COMPL 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and menner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE MY 006982 2

Caton

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ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

miller

MPORTANT

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91-6920-510 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9 / Items:23 part I STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY DEBORAH 11 22 1991 BLAND 7:45 PM 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (Stete or Foreign (Month, Day, Year) 09-18-52 DAYS 1 M M M F 218-624158 39 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1123 NORTH BRADFORD AVENUE BALTIMORE none RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION Baltimore City 10d. INSIDE CITY LIMITS? Maryland none TYES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY 1123 N. Bradford St. 21213 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No-14. RACE - American Indian, Black, White, atc. FORCES? 1 YES 2 NO 1 Never Married 2 Married If yea, specify Cuban, Maxican, Puarto Ricen, atc.) 1 TES MINO BY 3 Widowed 4 Divorced Negroid ED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working lite. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Ē Elamentary/Secondary (0-12) College (1-4 or 5+) 10th grade COMPI none Laborer Bugle Laundry 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle, Maiden Surname) Napoleon Bland Evelyn Nesbit 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 702 McCabe Avenue, Baltimore, Maryland 2121 Evelyn Bland 20a, METHOD OF DISPOSITION
1 (A.Burial 2 | Cremation 3 | Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City or Town, State Baltimore Cemetery 11-27-91 Baltimore, Maryland 4 Donation S D Other (Specify) 21. SIGNATURE OF EUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Calvin B. Scruggs Funeral Home when 200 1412 E. Preston Street, Balto, Md. 2123 23. PART I. Enter the diseases, or complications that cased the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or haart fallure. List only one cause on each line. Interval Batwean IMMEDIATE CAUSE (Final Onsat and Death disease or condition resulting in dasth) Acute drug intoxication DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions DUE TO (OR AS A CONSEQUENCE OF): if any, laading to immadiata cause. Enter UNDERLYING CAUSE (Disease Dr Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated avents resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO **COMPLETION OF CAUSE** YES 2 | NO DF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetiant 2 | ER/Outpetiant 3 | DOA OTHER: 1 X YES 2 | NO 4 Nursing Home 5 X Realdence 8 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27, MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural Pending Investigation /22/91found 6:08 M 1 YES 2 NO subject ingested drugs BY 2 Accident 28e. PLACE OF INJURY — At home, farm, atreet, factory, offica building, atc. (Specify) 3 X Sulcide 281. LOCATION (Street and Number or Rural Route Number City or Town, State) 1123 N Brade COMPLETED 6 Could not be 4 Homicide 1123 N. Bradford Ave. datarmined home 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER; On the beals of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

11/23/1991

30. LAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

111 PENN STREET BALTIMORE, MARYLAND 21201 THE DOUBLE SIGNATURE

DHMH-16 Rev 1/89

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1991 3 1991 Jake Kiden-Ander

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI CERTIFIC	MENT OF H	EALTH AND DEATH	MENTAL HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)	SYLVAN	HARRIS	BETTE	R	2. DATE OF DEATH MONTH DA NOV . 25,	1991 YEAR	3. TIME OF DEATH M	
	4. SOCIAL SECURITY NUMBER 212-22-3657	1 x M 2 □ F 6	AGE (In yrs. lest birthdey) 65 YRS. MONTHS DAYE HOURS MIN.			7. DATE OF BIRTH	THPLACE (State or Foreign Intro MARYLAND		
TOR	330 WALGROVE RD.						9c. COUNTY OF BAL	TIMORE	
DIRECTOR	MARYLAND				ION RSTOWN		144	10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	330 WALGROVE RD.			101	ZIP CODE 2113	36		CITIZEN OF WHAT COUNTRY? USA	
ВУ	11. MARITAL STATUS 1 Naver Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1X YES IF YES, GIVE WAR OR DATE	2 NO	Il yea, sp	ENDENT OF HISPAI Belfy Cuban, Maxica 2 NO Specif	NIC ORIGIN? (Specify Yas in, Puarto Rican, atc.) y:	Bi	CE — American Indian, ack, Whita, atc.	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION	6e. DECEDENT'S US (Give kind of work life. Do NOT use re TECHNIC	k done during mo etired.)	N St of working LUSTRATC	166. KIND OF BUS	INESS/INDUSTRY		
BE CO	17. FATHER'S NAME (First, Middle, Last) ALBERT ISRAEL	BETTER			LEN				
9	19e. INFORMANT'S NAME (Type/Print) MRS. NORMA BETTE	CR CR				Route Number, City or Town		36	
	20a. METHOD OF DISPOSITION IX Burial 2 Cremation 3 Rame 4 Donation 5 Other (Specify) 21. SIGNATURE OF TUNING SERVICE.	oval from State BET	H ISAAC	ADATH I	SRAEL	11/26/91	BALTIMO		
	- m	Dynena		6010	REISTER	N & BROS., RSTOWN RD.	BALTO.	,MD 21215	
CERTIFICATION	23. ART I. Enter the dispasses or a shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST	D Distriction on each	ONSEQUENCE OF:	curcupho		Januny Fenhen		Approximate Intervel Between Onset and Death	
PHYSICIAN: MEDICAL CER	PART II. Other eignificent condition	d.	not resulting in t			PERFORM 1 YES 2	AED?	Ib. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO	
YSICI	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatie	ent 3 DOA 4	THER:	5 Realdence	8 Other (Specily)			
B≼	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OI INJURY	M 1 Y		28d. DESCRIBE HOW IN. 28l. LOCATION (Street an		l Route Number	
COMPLETED	4 Homicide determined 29e. CERTIFIER (Check only)	building, atc. (Specify) CIAN: To the best of my knowledge. R: On the bests of examination ar	ga, daath occurred a	t the time, data	and place, and due	City or Town, State) to the cause(a) and mann	ner as stated.		
D BE	296. SIGNATURE AND TITLE OF CERTIFIER ROUGH 30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	I (ITEM 27) (Type, Prir	nt)	DOSC		29d. DATE SIGNE	25/9/	
	ROUBEN JIJ	32. REGISTHAR'S SIGNATU	eirbir	Hosp	ilal,	Center			

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-train		
by the hospital	t be detached for		at once.
may be retained	or, page 5 should		ust be notified
ter death. Page 6	the funeral direct	wal.	ai examtner m
rithin 24 mours af	sletely filled in by	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ite be executed w	ysician and comp	prior to burial, ca	other traumatic event, the m
the death certification	the attending ph	Mental Hygiene	njury, or other
iw requires that 1	been signed by	pt. of Health and	3 shows any i
IYSICIAN: The Is	is certificate has	rith the State De	ed, or item 2
ATTENDING PA	RECTOR: After th	irs after death w	m 28 is mark
HE HOSPITAL OF	HE FUNERAL DIF	led within 72 hou	ORTANT: If ite
101	10	be fi	IMP

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, Lust) THOMAS					DEATH	Г	REG. NO.		
I TOMAS			134	RPA	N Sr.	2. DATE OF MONTH	DEATH	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX 6. A		7			7.0475.05	22 -	91	1306
213-28-7429	1, M 2 F	GE (In yrs. last birti	RS. MON		IF UNDER 24 HRS. HOURS MIN.		oy. Year) 10, 1931	Count	
99. FACILITY NAME (If not institution, give street and number) PENINSULA GENERAL HOSPITAL 99. COUNTY OF SALISBURY 99. COUNTY OF WICO							OUNTY OF I		
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	ry	10	c. CITY, TO	WN OR LOCAT	TION				10d. INSIDE CITY
Md. Wico		0cean	Pines	Berlin				LIMITS?	
P.O.BOX 4246				10	21811		100	CITIZEN OF	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMI FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES				if yes, sp	ENDENT OF HISPAI ecity Cuben, Mexice 2 X NO Specifi	en, Puerto Rice			E — American Indian, ck, White, etc.
15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondery (0-12)		(Give ki life. Do l	ind of work o NOT use reti	AL OCCUPATION done during mo	ON set of working		NO OF BUSINESS		
12		Chi	let of	Police			C.S.X. Ra		i
17. FATHER'S NAME (First, Middle, Last) Thomas Barron							dle, Malden Sumam	θ)	
198. INFORMANT'S NAME (Type/Print)		19b. M/	AILING AOC	RESS (Street)	I Hazel and Number or Rural	Donohoe Boute Number	City or Town State	Zin Code)	
Thelma J. Barron					Ocean Pine				
20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Ran 4 Donation 5 Other (Specify)	noval from State	20b. PLACE AND of cemetary, crem	DATE OF	DISPOSITION	(Name	DATE	20c. LOCATION Baltimor	— City or T	own, State
21. SIGNATURE OF FUNERAL SERVICE L	ladden	Tarkyox		22. NAME A	NO ADDRESS OF FA				1 21214
resulting in death)	a. ARTEN	AS A CONSEQUE	NCE OF):						7
Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	G	AS A CONSEQUEN							/
if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury	G								/
if eny, leeding to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	CDUE TO (OR /	AS A CONSEQUEN	NCE OF):	ne underlyln		Part I. 2	1e. WAS AN AUTOP PERFORMED? □ YES 2 SÇNO		b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO
if eny, leeding to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	CDUE TO (OR /	AS A CONSEQUEN	NCE OF):		g ceuse given in	1 Part I. 2	PERFORMED?		b. WERE AUTOPSY FINDIN AWAILABLE PRIDE TO COMPLETION OF CAUSE OF DEATH?
if eny, leeding to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events reculting in death) LAST	d	AS A CONSEQUENT	NCE OF):	28. P	g ceuse given in	1 Part I. 2	PERFORMED?		b. WERE AUTOPSY FINDIN AVAILABLE PRIDE TO COMPLETION OF CAUSE OF DEATH?
if eny, leeding to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events recuiting in death) LAST PART II. Other eignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	d. DUE TO (OR /	AS A CONSEQUENT The but not result to but not re	NCE OF):	28. P HER: Nursing Hor	g ceuse given in	Part I. 2/	PERFORMED?		b. WERE AUTOPSY FINDIN AWAILABLE PRIDE TO COMPLETION OF CAUSE OF DEATH?
if eny, leeding to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMMER? 1 YES 2 NO 27. MANNER OF DEATH	d. DUE TO (OR / d. DOE CONTRIBUTING to deet HOSPITAL: 1 Inpatient 2 EF/ 28e, DATE OF INJU (Month, Day, 16	th but not resu Outpetient 3 0 Outpetient 20 JURY — At home,	DOA OT A COLUMN TIME OF INJURY	28. P THER: Nursing Hor 28c. IN. W	g ceuse given in LACE OF DEATH (C/ ne 5 Residence JURY AT SHK? YES 2 NO	heck only one) 8 Other (S 28d, DESCE	PERFORMED? YES 2 SKNO Specify)	OCCURED	b. WERE AUTOPSY FINDIN AMAILABLE PRIDR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
if eny, leeding to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMMER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 29 Accident 3 Suicide 8 Could not be determined	d	th but not result to but not r	DOA 4 DODA 4 DODA 4 DODA 6 TIME OF INJURY	28. P THER: Nursing Hor 28c. IN. M 1 1 t, fectory, office	g ceuse given in	heck only one) 8 Other (S 28d, DESCF 28f, LOCATI City or	PERFORMED? YES 2 SONO Specify) RIBE HOW INJURY ON (Street and Nurr Fown, State)	OCCURED mbor or Rural stated.	b. WERE AUTOPSY FINDIN AVAILABLE PRIDR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
if eny, leeding to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMMER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 29 Accident 3 Suicide 8 Could not be determined	d. DUE TO (OR / d. DOE CONTRIBUTING to deet DOE CONTRIBUTION DOES TO (OR / th but not result to but not r	DOA 4 DODA 4 DODA 4 DODA 6 TIME OF INJURY	28. P THER: Nursing Hor 28c. IN. M 1 1 t, fectory, office	g ceuse given in LACE OF DEATH (C/ ne 5 Reeldence JURY AT JURY AT JURY 2 NO e end place, end due death occured at the	heck only one) 8 Other (S 28d. DESCF 28f. LOCATI City or e to the ceuse e time, date er	PERFORMED? YES 2 SONO Specify) RIBE HOW INJURY ON (Street and Nurr Town, State) (e) end menner ee	OCCURED mber or Rural stated.	b. WERE AUTOPSY FINDIN AVAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
if eny, leeding to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events recuiting in death) LAST PART II. Other eignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 29. CERTIFIER Check only 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER 3 Signature AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 3 SIGNATURE AND TITLE OF CERTIFIER 3 SIGNATURE AND TITLE OF CERTIFIER 3 SIGNATURE AND TITLE OF CERTIFIER 4 SIGNATURE AND TITLE OF CERTIFIER	d. DUE TO (OR / d. DOE CONTRIBUTING to deet DOE CONTRIBUTION DOES TO (OR / Outpetient 3 0 Outpetient 3 0 Outpetient 3 0 JURY — At home, (Specify) cnowledge, death onation end/or investign	DOA 4 DOD INJURY form, street	26. PFHER: Nursing Hor 28c. IN. M 1 1 t, fectory, office the time, date	g ceuse given in LACE OF DEATH (C/ ne 5 Reeldence JURY AT JURY AT JURY 2 NO e end place, end due death occured at the	1 Part I. 2. 1 heck only one) 8 Other (S 28d, DESCF City or control of the ceuse e time, date er	PERFORMED? YES 2 SONO Specify) RIBE HOW INJURY ON (Street and Nurr Town, State) (e) end menner ee	OCCURED mber or Rural stated. to the ceuse	b. WERE AUTOPSY FINDINI MAILABLE PRIDE TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,	

BALTIMORE, MARYLAND 21215-0020	frours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAN	ID / DEPAI					MENTA	L HYGIEI	NE	3 62 "8	
	1. DECEDENT'S NAME (First, Middle, Last)	RITH	ANN C	OLLINSU			DEA		2. DATE	OF DEATH	DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 220-02-4229	5. SEX 1 M 2 F		rrs. lest birthday)	-	R 1 YEAR	IF UNDER	24 HRS.	7. DATE	2 2 OF BIRTH		9 1 s. BIRTH Soupto OH I	10:25 a M PLACE (State or Foreign
DIRECTOR	98. FACILITY NAME (If not Institution, give street and number) 99. COUNTY OF DEATH IN REAR OF 2516 WAGNER AVENUE SPARROWS POINT BALTIMORE RESIDENCE OF DECEMENT												
	MARY LAND 10b. COUNTY MARY LAND BALT I MORE			10c. CI1	Y, TOWN	OR LOCA	DUN	IDALI	K			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	2007 BEAR RIDGE		PT 1				f. ZIP COD	2122				U.S.	A.
BY	Naver Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES :	2 X NO	13	If yea, sp	CENDENT (m, Mexica	in, Puarto	N? (Specify Ye Ricen, atc.)	e or No-	14. RACE Black Specif	- American Indien, , White, atc.
COMPLETED	15. DECEDENT'S EDU- (Specify only highest grade Elamentary/Secondary (0-12) 11TH GRADE	CATION completed) College (1-4 or 5 -		(Give kind of life. Do NOT u	work done sa retired.,	during mo	st of working	ng	181	. KIND OF BU	HOM		Market 1
	17. FATHER'S NAME (First, Middle, Last)			1	TOME	IVIPAN	,	HER'S NA		Middle, Meider	Surneme)		
BE	BUDDY COLLINSWORT 198. INFORMANT'S NAME (Type/Print)	П		19b. MAILING	ADDRES	S (Street a	and Number	or Burni i		LLY K			
10	SALLY MCMAHON						PARKU			LTIMOR			ND 21222
	20s. METHOD OF DISPOSITION 1X Burlet 2 Cremetlon 3 Rem 4 Donetton 5 Other (Specify)	-		ACE AND DATE				1-26	5-91		ALTIM		vn, State MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	. ا				RUCK				OF TOALK		LK INC. 21222
	23. PART I. Entar the disaaaes, or o shock, pr heart failura. IMMEDIATE CAUSE (Final diseasa or condition resulting in daath)	MULTI D	ee Dn each	JUNT	TOR	CF.	IT IAI	IRIE	2		lratory arr	eat,	Approximata Interval Between Onaet and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated avants resulting in death) LAST		E NO N GO	INSEQUENCE O	FJF	161	SLA	7101	N				
PHYSICIAN: MEDICAL C	PART II. Other significant condition	s contributing to	death but	not resulting	In the u	ndariying	g causa (given in	Part I.	V	AUTOPSY RMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL		-		-	28. PL	ACE OF D	EATH (Che	eck only or	76)			
YSIC	EXAMINER? 1 X YES 2 NO	HOSPITAL:	ER/Outpatie	nt 3 🗆 DOA	OTHE 4 Nu	B:	e 5 🗆 Re				REAR	YAF	RD
ву РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, Di	ly, Year)		URY M	1 🗆 1	RK? YES 2 X] NO	28d. DES	CRIBE HOW	INJURY OCC	URED	
	3 Suicide 8 Could not be determined	28a. PLACE Of building,	etc. (Specify)	REAR	YAR				281. LOC City WA	ATION (Street or Town, State GNER	T'N'''''''''''''''''''''''''''''''''''	EA'R'S UE	SPARROWS
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of a:	my knowledg	e, death occurre	n, in my	time, date	and placa,	and due	to ReGar	end place, er	MeAsRetand due to the	LANI e ceuse(s)	and menner as steted.
TO BE	290 SOLNATURE AND TITLE OF SERVICE	Halle	A	M				. C .	M.E		29d. DATI		Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHI MAKE TO GOLLE 31. DATE FILED (Menth, Day, Year)	JR M	DYII	PENN		EET				E, MA	RYLA	ND 2	21201
	(manin, pay, real)	JZ. HEGISTRA	1 9 SIGNATU	nic .									

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR	CERTIFIC	ATE OF DEATH		REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last) SR. MARIA LILIA CORREA			2. DATE MONTI	OF DEATH	YEAR	3. TIME OF DEATH
213-88-0746 1 M 2 XF 6:		UNDER 1 YEAR IF UNDER 24 P	III. (Monti	OF BIRTH 1, Day, Year) 28,1928	Count	
90. FACILITY NAME (If not institution, give street and number) ST. MARTINS HOME (LITTLE SIST) RESIDENCE OF DECEDENT	POOR) ERS OF	CITY, TOWN OR LOCATION		90	COUNTY OF COUNTY	
10e. STATE 10b. COUNTY	10c. CITY, TO	OWN OR LOCATION				10d, INSIDE CITY
MARYLAND BALTIMORE	В	ALTIMORE				LIMITS?
601 MAIDEN CHOICE LANE		101. ZIP CODE 212	28	10	COLUM	WHAT COUNTRY?
11. MARITAL STATUS 1. Never Married 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D	2 VNO	13. WAS DECENDENT OF H II yes, specify Cuban, M 1 YES 2X NO	ISPANIC ORIGIN exican, Puerto F	? (Specify Yaa or filicen, atc.)	No — 14. RAC Blac Spec	E — American Indian, k, Whita, etc.
15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18e. DECEDENT'S USU	AL OCCUPATION done during most of working ired.)	16b.	KIND OF BUSINE	SS/INDUSTRY	WILLE
Elementery/Secondary (0-12) College (1-4 or 5+) 12TH	ille. Do NOT use ret	ired.)				
17. FATHER'S NAME (First, Middle, Last)		18. MOTHER	S NAME (First, A	fiddle, Maiden Sum	eme)	
ELIAS CORREA			STER DI			
19e. INFORMANT'S NAME (Type/Print) SR. RF.GTNA		PRESS (Street and Number or F				21222
20a METHOD OF DISPOSITION 20b	. PLACE AND DATE OF DI		LANE, E		ON - City or To	
4 Donation 5 Other (Specify)	netery, cremetory or other p	RAL CEMETERY	11/		TIMORE	Wil, Otala
21. SIGNATURE F FUNERAL SERVICE LICENSEE		HUBBARD FUNE 4107 WILKENS	ERAL HO			
Sequentielly liet conditions, if smy, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury	ach ilne.	onter the mode of dying,			ry errest,	Approximate intervel Between Onset and Death
PART II. Other significent conditions contributing to desth b	ut nDt resulting in th	e underlying cause giver	n In Pert i.	24e. WAS AN AUTO PERFORMED 1 YES 2	?	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	ОТ	28, PLACE OF DEATH	Check only one)		
1 ☐ YES 2 ☐ NO 1 ☐ Inpetiant 2 ☐ ER/Outp 27. MANNER OF DEATH 28s. DATE OF INJURY		Nursing Home 5 Resider				
1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation	INJURY	28c. INJURY AT WORK? 1 YES 2 NO		CRIBE HOW INJUR	Y OCCURED	
3 Sulcide 8 Could not be 4 Homicide 8 Could not be determined 28e. PLACE OF INJURY building, etc. (Spec	— Al homa, larm, atreet	lectory, office	281. LOCA City o	TION (Street and N r Town, State)	lumber or Rural R	outa Number,
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the beet of my knowl one) 2 MEDICAL EXAMINER: On the basic of examination	ledge, death occurred at	the time, date end place, end my opinion, daath occured at	due to the ceus	e(a) end manner e	se stated.	end manner ee stated.
29b. SIGNATURE AND TITLE OF CERTIFIES RELIED	rav	MD 29c. LICENSE D21		290	4	(Month, Day, Year) S-91
DR. SAMBANDAM BASKARAN-3455	ATH (ITEM 27) (Type, Print) WILKENS AVI			RYI.AND	21229	
31. DATE FILED (Month Day Year)	ATURE		, rini	CA DAMU	21229	A Lei
. 3/	The same of the sa					



FOR

BALTIMORE, MARYLAND 21215-0020	s after death, Page 6 may be retained by the hospital or attending physician.	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the binal-transit name to 2 servain	amoval.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	

	1 - STATE REGISTRAR	C	ERTIFIC	CATE O	F DEATH	MENIAL	REG. NO			
							OF DEATH	4 9	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6. AGE (In yrs. Is	YRS.	F UNDER 1 YEAR ONTHS DAYS	HOURS MIN.	3	Day, Year)	13	Country,	CARVIN
RECTOR	Bons Serious Has Baltimore 9c. COUNTY OF DEATH Baltimore 9c. COUNTY OF DEATH									
DIREC	Maryland 10b. COUNTY			TOWN OR LOC	ore Cit	y				10d. INSIDE CITY LIMITS? 1 Tyres 2 No
FUNERAL	100. STREET AND NUMBER 241 N. Fulton Avenue 21223									HAT COUNTRY?
BY FUR	11. MARITAL STATUS 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 3 Never Married 1 Never Married 4 Divorced 1 Never Married 5 Never Married 1 Never Married 5 Never Married 1 Never Married 2 Never Married 1 Never Married 3 Never Married 1 Never Married 4 Divorced 1 Never Married 5 Never Married 1 Never Married 6 Never Married 1 Never Married 7 Never Married 1 Never Married 7 Never Married 1 Never Married 8 Never Married 1 Never Married 9 Never					can, Puarto R	varto Rican, atc.) Blad			American Indian, Whita, atc.
PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elamentary/Secondary (0-12) College (1-4 or 5+) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use relired.) 18b. KIND OF BUSINESS/INDUSTRY									
at once.										
TO BE	19a. INFORMANT'S NAME (Type/Print)	19			and Number or Rura	I Route Numbe	er, City or Tow			
De n	Lucille Cotton				lton Av					
r must	1 M Burlal 2 Cremation 3 Ramoval from State 4 Donation 5 Other (Specify)	20b.PLACE competery, cri	emetory or other	Fore	st Vet.			cation — cit rings		n, Stata
examine	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LOT BY D. Dyett & Son Funeral Home 4608 Liberty Heights Avenue 21287									
ERTIFICATION TO BE COM	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, euch as cerdiac or respiratory arrest, encock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finei disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):									
ERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events COUNTY (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
5 5	PART II. Other significent conditions contributing to	double have and							_	
SICIAN: MEDICAL CI	- Sale agrinican conditions contributing to	death but not	resulting in	the underlyi	ng cause given li		24a. WAS AN PERFOR 1 YES 2	MED?	0	VERE AUTOPSY FINDINGS WALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
	26. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:									
0 >	1 Ves 2 No 1 Deptient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME DF INJURY WORK? 28d. DESCRIBE HOW INJURY OCCURED INJURY WORK?									
Z8 is mar TED BY	2 Accident Investigation 3 Suicide 8 Could not be building	28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						ute Number,		
IMPORTANT: If item 28 is marked, D BE COMPLETED BY PH	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, dash occurred at the time, date and place, and due to the cause(s) and manner as stated.									
TO BE C	30. NAME AND ADDRESS OF REPRONE WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)									
		AR'S SIGNATURE	n.		3110	1000	2_		1/2	~~~

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Oept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Nem 28 is marked, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR

	1 - STATE REGISTRAR	CE	RTIF	ICATE O	DEAT	H.	MENIAL HYGIENI REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Linst) DAVID G						2. DATE OF DEATH DAY	-	3. TIME OF DEATH 5. 4 5AM		
		AGE (In yrs. last		IF UNDER 1 YEAR	IF UNDER 2	24 MDS	7. DATE OF BIRTH		THPLACE (State or Foreign		
	209-20-4636 1₽₩2□F	62	YRS,	MONTHS DAYS	HOURS	MIN.	(Month, Day, Year) 6-29-1929	Cou	ENNSYLVANIA		
	9e. FACILITY NAME (If not institution, give street and number)	02		9b. CITY, TOWN	OR LOCATIO	N OF DE		9c. COUNTY OF			
DIRECTOR	CHURCH HOSPITAL CORPORATION BALTIMORE CITY										
3EC	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOC	ATION				10d. INSIDE CITY		
ā	MARYLAND BALTIMORE			1	DUNDAL	K			LIMITS?		
AL	10a, STREET AND NUMBER				Of. ZIP CODE			10g. CITIZEN OF	WHAT COUNTRY?		
FUNERAL	7813 ST. BRIGID LANE			2122			22		1.S.A.		
5	11. MARITAL STATUS 12. WAS DECEDENT E	VER IN U.S. ARM	RMED 13. WAS DECENDENT OF HISPANIC			IC ORIGIN? (Specify Yae	or No — 14. RAI	CE — American Indian			
В	1 Never Married 2 Married FORCES? XIX YES 2 STREET			NO If yee, specify Cuban, Maxican, Puerto Ricen, atc					Specify: WHITE		
COMPLETED	15, DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DEC	EDENT'S	USUAL OCCUPAT	ION		16b. KIND OF BUSI	NESS/INDUSTRY			
	Elementary/Secondary (0-12) College (1-4 or 5+)	life. I	Do NOT us	sa retired.)	iost of working						
MP	12TH GRADE N/A	AUT	0 W	DRKER			GENE	ERAL MOT	ORS CORP		
8	17. FATHER'S NAME (First, Middle, Lest)				16. MOTHE	ER'S NAM	ME (First, Middle, Maiden S	urname)			
BE	NOT KNOWN							TRY			
ဥ	19e. INFORMANT'S NAME (Type/Print)						oute Number, City or Town,				
	RORY CUTCHALL		_	ST. BRIC		NE	BALTIMORE	, MARYL	AND 21222		
	20a METHOD OF DISPOSITION t XI Buriel 2 Cremation 3 Removal from State 4 Oonation 5 Other (Specify)	cemetery, crem	PATE OF A PATE O	of disposition (TAI.	11-2		ATION — City or 1	Town, State MARYLAND		
- 1	21. SIGNATURE OF JUNEHAL SERVICE LICENSES	11		22. NAME	ND ADDRESS		IERAL HOME	Tamore,	IN THE LETTER		
	I hall Find	4/		7000	WISE	tun					
	23. PART I. Enter the diseases, or complications that co	uand the dan	th Do r	Int anter the m	WISE	AVE	NUE DUND	ALK MD	21222		
	anock, or maint failure. List only one cause	on each line.	50 1	of anter the III	Dua or uyiii	y, sucn	as cerdiac or respir	atory arrast,	Approximata Intarval Betwaen		
	iMMEDIATE CAUSE (Final disease or condition	Runt	2 (Oncu	1.5	U	hat to		Onaat and Daath		
	reaulting in death) a	AS A CONSEQU	JENCE OF	1:	M	In	meto ter				
z		E.									
일	Sequantially list conditions, if any, laading to immediate	AS A CONSEQU	JENCE OF	÷):							
CERTIFICATION	CAUSE (Disease or injury										
	that initiated events resulting in death) LAST	AS A CONSEQU	JENCE DE	7):							
<u> </u>	d										
- 11	PART II. Other algnificant conditions contributing to dec	ath but not res	sulting i	n tha underlyii	g cause giv	van In F	Part I. 24a. WAS AN A	UTOPSY 24	b. WERE AUTOPSY FINDINGS		
CAL							PERFORM	ED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
							1 NES 2	NO	DF DEATH?		
2									1 YES 2 NO		
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)										
2	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inputant 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Realdance 6 Other (Specify)										
Ē	27. MANNER OF DEATH 28a. DATE OF INJ (Month, Day,)		26b. TIMI	E OF 26c. IN	JURY AT	_	26d. DEŞCRIBE HOW INJURY OCCURED				
BY	1 Natural 5 Pending Invastigation	eur)	INJI		YES 2	NO					
	3 Suicide 6 Could not be 28e. PLACE DF IN	Suicide 6 Could not be 28e. PLACE DF INJURY — At homa, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number,						Route Number,			
COMPLETED	4 Homicide detarminad	(opouny)					City or Town, State)				
Z	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my	knowladga, daet	h occurre	d at the time, dat	end place, a	nd due to	o the cause(e) and mann	or an eleted			
3	one) 2 MEDICAL EXAMINER: On the basic of exami	nation end/or inv	reatigation	n, in my opinion,	death occured	at the ti	me, data end placa, and	due to the cause(e) and menner ee stated		
	296. LICENSE NUMBER 299. DATE SIGNED (Month, Day, Year)							-/9/			
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	F DEATH (ITEM :	27) (Type,					11/20			
	DR. OCHANES 100		0	CTIVI	CH F	AIT	imore, m	0 21	224		
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S	SIGNATURE	01	(2 · (42-672))	, 151	101	10000	2.			
	NOV 2 7 1001 10.	2000	Sun	B 78							

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